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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00106146 Χ REPORT OR (A) (N) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 06 0 1 2006 06 30 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 09 20 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

Image# 26960383552

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Hospital Association PAC [®] D ^UD 0 6 0 1 2006 0.6 3 0 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 941820.56 [°]2006 January 1 (b) Cash on Hand at 867948.66 Begining of Reporting Period 178907.69 575167.04 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1046856.35 1516987.60 6(a) and 6(c) for Column B) 82457.79 552589.04 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 964398.56 964398.56 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

м м 0 6

From:

^D 0 1

2006

To:

м м 0 6 ^D 3 0

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ibutions (other than loans) From: ndividuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	88390.16	194881.92
	(ii) Unitemized	48684.91	87623.39
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	137075.07	282505.31
(b)	Political Party Committees	0.00	0.00
(-)	Other Political Committees (such as PACs) Total Contributions (add Lines	0.00	6666.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	137075.07	289171.31
	sfers From Affiliated/Other Committees	40000.00	282500.00
3. All Lo	ans Received	0.00	0.00
	Repayments Receivedts To Operating Expenditures	0.00	0.00
(Carr	y Totals to Line 37, page 5)	0.00	0.00
to Fe	deral candidates and Other	1500.00	1500.00
	Federal Receipts lends, Interest, etc.)	332.62	1995.73
-	sfers from Non-Federal and Levin Funds		
	lon-Federal Account (from Schedule H3)	0.00	0.00
(b) L	evin Funds (from Schedule H5)	0.00	0.00
(c) T	otal Transfer (add 18(a) and 18(b)).	0.00	0.00
	Receipts (add Lines 11(d), 3, 14, 15, 16, 17, and 18(c))	178907.69	575167.04
	Federal Receipts ract Line 18(c) from Line 19)	178907.69	575167.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	8579.79	10661.04
	Expenditures(c) Total Operating Expenditures	3376.73	
	(add 21(a)(i), (a)(ii) and (b))	8579.79	10661.04
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	74238.00	542288.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
	(use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	140.00	140.00
	Than Political Committees	140.00	140.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	-500.00	-500.00
	(d) Total Contribution Refunds	202.00	000.00
	(add Lines 28(a), (b), and (c))	-360.00	-360.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
		0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	82457.79	552589.04
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	82457.79	552589.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	137075.07	289171.31
34. Total Contribution Refunds (from Line 28(d))	-360.00	-360.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	137435.07	289531.31
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	8579.79	10661.04
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8579.79	10661.04

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 131
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Stror for commercial purposes, other than using the	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Health Alliance of PA PAC - Federal			Date of Receipt
Mailing Address Post Office Box 8600			06 01 2006
City	State	Zip Code	Transaction ID: 12605826
Harrisburg	PA	17105-8600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00	0128082	20000.00
Name of Employer	Occupation	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		50000.00	
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC			Date of Receipt
Mailing Address One Empire Drive			06 / 08 / 2006
City Rensselaer	State NY	Zip Code	Transaction ID: 12659247
FEC ID number of contributing		12144	Amount of Each Receipt this Period
federal political committee.	C COO	0160259	10000.00
Name of Employer	Occupation	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		30000.00	
	-	0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial) Health Alliance of PA PAC - Federal			Date of Receipt
Mailing Address Post Office Box 8600			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 12661909
<u>Harrisburg</u>	PA	17105-8600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00	0128082	10000.00
Name of Employer	Occupation	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	60000.00	
SUBTOTAL of Receipts This Page (optional)			40000.00
		<u> </u>	40000.00
TOTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 131 (check only one) X 11a 11b 11c 12
Ar	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
$\frac{\text{or}}{}$	for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) American Hospital Association PAC	ame and add	ress of any political committee to	solicit contributions from such committee.
<u>′</u> ۹.	Full Name (Last, First, Middle Initial) Mr. William T Moore			Date of Receipt
	Mailing Address 3014 Castle Pines Drive			06 06 2006
	City	State	Zip Code	Transaction ID: 12610213
	Duluth FEC ID number of contributing federal political committee.	GA C	30097-2039	Amount of Each Receipt this Period 250.00
	Name of Employer Atlanta Medical Center		ecutive Officer	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Gerald N Fulks Mailing Address 1514 Vernon Road			Date of Receipt
	City	State	Zip Code	0 6 0 6 2 0 0 6 Transaction ID: 12610215
	Lagrange	GA	30240-4197	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer West Georgia Health System	Occupation President	n and Chief Executive Officer	
	Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
).	Full Name (Last, First, Middle Initial) Mr. Lance B. Duke, FACHE			Date of Receipt
	Mailing Address 710 Center Street			06 06 2006
	City	State	Zip Code	Transaction ID: 12610303
	Columbus FEC ID number of contributing federal political committee.	GA C	31901-1527	Amount of Each Receipt this Period 250.00
	Name of Employer Medical Center, The		& Chief Executive Officer	
_	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
			<u> </u>	

9	CCHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 8 / 131
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Δ	ny information copied from such Reports and Sta	atomonte may	, not be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	7 interiodir i respitat 7 tesseration 1 7 te			
	Full Name (Last, First, Middle Initial)			
A.	Mr. D Wayne Martin			Date of Receipt
	Mailing Address 902 North Seventh Stre	et		M M / D D / Y Y Y Y
				06 06 2006
	City	State	Zip Code	Transaction ID: 12610304
	Cordele	GA	31015-5007	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Crisp Regional Hospital	Occupation		
			t and Chief Executive Officer	·
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		230.00	
_				
_	Full Name (Last, First, Middle Initial)			
В.	·			Date of Receipt
	Mailing Address 4402 Candler Lake Eas	t		06 06 2006
	Oth.	01-1-	7:- O.d.	
	City	State	Zip Code	Transaction ID: 12610305
	Atlanta	GA	30319	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	0		
	Name of Employer	Occupation	1	_
	Name of Employer Piedmont Healthcare		sident, Gov't & External Affai	
	Receipt For:		e Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify)		250.00	
				1
	Full Name (Last, First, Middle Initial)			
C.	Mr. James Yarborough			Date of Receipt
	Mailing Address 70 Medical Center Drive	9		M M / D D / Y Y Y Y
				06 06 2006
	City	State	Zip Code	Transaction ID: 12610306
	Commerce	GA	30529-1078	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation		-
	P.IC Modical Cántar		n ecutive Officer	
	Receipt For:		e Year-to-Date V	-
	Primary General	Aggregate	i cai-lu-Dale ▼	,
	Other (specify)		250.00	
	Strict (specify) \		0 0 0 0 0 0 0	
_				750.00
Ls	UBTOTAL of Receipts This Page (optional)		······	
1 _				

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 / 131
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Larry Sanders, FACHE			Date of Receipt
	Mailing Address 707 Center Street, Suite	e 400		06 06 2006
	City	State	Zip Code	Transaction ID: 12610307
	Columbus	GA	31901-1526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Columbus Regional Healthc-	Occupation	n and Chief Executive Office	r
	are System Receipt For:		Year-to-Date ▼	<u>. </u>
	Primary General	7.99.094.0	Teal to Bate V	1
	Other (specify) ▼		250.00	
			0 0 0 0 0 0 0	4
В.	Full Name (Last, First, Middle Initial) Mr. Richard Howerton			Date of Receipt
	Mailing Address 3365 W Paces Ferry C	t NW		M M / D D / Y Y Y Y
		-		06 06 2006
	City	State	Zip Code	Transaction ID: 12610308
	Atlanta	GA	30327-2228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of European	Lowerin		_
	Name of Employer VHA Georgia, Inc.	Occupation President		
	Receipt For:	1	Year-to-Date ▼	_
	Primary General	Aggregate	rtear-10-Date V	1
	Other (specify)		250.00	
	Cule (openily) \	0 0	1 1 1 1 1 1 1	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. George H. St. George			Date of Receipt
	Mailing Address 306 Cork Pond Road			0 6 0 6 2 0 0 6
	City	State	Zip Code	Transaction ID: 12610309
	Sylvania	GA	30467-8656	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Screven County Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		05000	1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
\vdash			-	

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(s)	FOR LINE NUMBER: PAGE 10 / 131
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
TI LIVIIZED NECEIF 13			Detailed Summary Page	X 11a 11b 11c 12
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Ar or	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Benjamin Underwood			Date of Receipt
	Mailing Address 2104 Murren Drive			06 06 2006
	City	State	Zip Code	Transaction ID: 12610312
	Smyrna	GA	30080-6520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Talbott Recovery Campus	Occupation President	n t & Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Robert M Trimm			Date of Receipt
	Mailing Address P O Box 139			06 06 2006
	City	State	Zip Code	Transaction ID: 12610313
	Waycross	GA	31502-0139	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Satilla Regional Medical	Occupation		
	Center		t and Chief Executive Office	<u>r</u>
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Paul P Hinchey			Date of Receipt
	Mailing Address 11705 Mercy Boulevard	t		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12610314
	Savannah	GA	31419-1791	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Joseph's/Candler, St.	Occupation	<u> </u>	7
	St. Joseph's/Candler, St. Joseph's Hos	President	t and Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 131
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any person	
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. James L Story, Jr., M.D.			Date of Receipt
	Mailing Address P O Box 1018			0 6 0 6 2 0 0 6
	City	State	Zip Code	Transaction ID: 12610315
	Thomasville	GA	31799-1018	Amount of Each Receipt this Period
	FEC ID number of contributing		1111111	
	federal political committee.	C		250.00
	Name of Employer John D. Archbold Memorial	Occupation President		1
	Hospital Receipt For:		e Year-to-Date ▼	†
	Primary General	3333		
	Other (specify) ▼		250.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine			Date of Receipt
	Mailing Address 12675 Riviera Heights R	load		M M / D D / Y Y Y Y
			7: 0 1	06 05 2006
	City Holto Summit	State	Zip Code	Transaction ID: 12613824
	Holts Summit	MO	65043-2039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		111.12
	Name of Employer Missouri Hospital Associa-	Occupation		7
	tion		President, Government Relat	<u>d</u>
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		555.60	
			0 0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Mr. Marc D. Smith			Date of Receipt
	Mailing Address 5612 Tanner Bridge Roa	nd		06 05 2006
	City	State	Zip Code	Transaction ID: 12613836
	Jefferson City	MO	65101-8275	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		111.12
	Name of Employer Missouri Hospital Associa-	Occupation		7
	tion		t and Chief Executive Officer	4
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		555.60	
				<u> </u>
SI	UBTOTAL of Receipts This Page (optional)	·····		472.24
T	OTAL This Period (last page this line number or	nly)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 131 (check only one) X 11a 11b 11c 12
Ar	ny information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or \nearrow	for commercial purposes, other than using the name of COMMITTEE (In Full) American Hospital Association PAC	ame and ado	lress of any political committee to	solicit contributions from such committee.
<u>΄</u> Α.	Full Name (Last, First, Middle Initial) Mr. Joe L. Kirk			Date of Receipt
	Mailing Address 1910 East 34th Street			06 05 7 9 9 9
	City Joplin	State MO	Zip Code	Transaction ID: 12613839
	FEC ID number of contributing federal political committee.	C	64804-4215	Amount of Each Receipt this Period 250.00
	Name of Employer Freeman Health System		Chief Financial Officer	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Ms. K'Alice Breinig, RN, MN Mailing Address 504 North Moffet			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12613841
	Joplin FEC ID number of contributing federal political committee.	C	64801-2733	Amount of Each Receipt this Period 250.00
	Name of Employer Freeman Health System		nical Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
).	Full Name (Last, First, Middle Initial) Mr. Carl J Schindelar			Date of Receipt
	Mailing Address 9000 Franklin Square Dr	rive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Baltimore	State MD	Zip Code 21237-2998	Transaction ID: 12613891 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Franklin Square Hospital Center	Occupation President	:	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
	,			

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 / 131
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Garrinally Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. William C. Schoenhard, FACHE			Date of Receipt
	Mailing Address 420 Fairwood Lane			06 05 7 2006
	City	State	Zip Code	Transaction ID: 12613992
	Kirkwood	MO	63122-4429	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer SSM Health Care	Occupation Exec. V.F	n P. & Chief Operating Officer	
	Receipt For:		e Year-to-Date ▼	
	Primary General	-		1
	Other (specify) ▼	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) Mr. Gary D. Duncan, CHE			Date of Receipt
	Mailing Address 1437 Crestwood Drive			0 6 0 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12613993
	<u>Joplin</u>	MO	64801-1039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Freeman Health System	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)	0 0	1000:00	
Э.	Full Name (Last, First, Middle Initial) Mr. Reginald J. Lavoie			Date of Receipt
	Mailing Address Swiftwater Road			06 05 7 2006
	City	State	Zip Code	Transaction ID: 12614031
	Woodsville	NH	03785-2001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Cottage Hospital	Occupation Administ		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			2250.00
			<u> </u>	
T	OTAL This Period (last page this line number o	nly))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 131
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12
Δr	y information copied from such Reports and St	atomonte may	rnot he cold or used by any nore	13 14 15 16 17
or	for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. James I Miller			Date of Receipt
	Mailing Address 77 Pringle Way			06 05 2006
	City	State	Zip Code	Transaction ID: 12614118
	Reno	NV	89502-1474	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Washoe Medical Center	Occupation President	n t and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼	0 0	000.00	
В.	Full Name (Last, First, Middle Initial) Mr. Thomas O. Barnes			Date of Receipt
	Mailing Address 123 Main Street			0 6 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12614127
	Bristol	CT	06010-6307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Bristol Hospital	Occupation	n n of the Board	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		7
	Other (specify) ▼	0 0	500.00	
C.	Full Name (Last, First, Middle Initial) Mr. John W Bluford			Date of Receipt
	Mailing Address 2301 Holmes Street			0 6 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12614244
	Kansas City	MO	64108-2677	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Truman Medical Centers		t and Chief Executive Office	ır
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	7
	Other (specify) ▼		1000.00	
<u> </u>	UBTOTAL of Receipts This Page (optional)			2000.00
\vdash	ODI OTAL OF HOSSIPIO THIS Fage (Optional)			
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/131	
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information cor	pied from such Reports and Stat	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial p	ourposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COM	MMITTEE (In Full)			
American Ho	spital Association PAC			
Full Name (Last Mr. Steve W Gra	t, First, Middle Initial) ddy			Date of Receipt
Mailing Address	1102 West 32nd Street			06 05 7 2006
City		State	Zip Code	Transaction ID: 12614246
<u>Joplin</u>		MO	64804	Amount of Each Receipt this Period
FEC ID number federal political of		C		250.00
Name of Employ Freeman Health	yer i System	Occupation Chief Fin	n ancial Officer	
Receipt For:	_	Aggregate	Year-to-Date ▼	7
Primary Other (spe	General ecify) ♥	0 0	250.00	
Full Name (Last Mr. Thomas A Bi	t, First, Middle Initial) ga			Date of Receipt
Mailing Address	One Clara Maass Drive			06 / 09 / 4 2006
City		State	Zip Code	Transaction ID: 12630579
Irvington		NJ	07109-3557	Amount of Each Receipt this Period
FEC ID number federal political		С		500.00
Name of Employ Clara Maass Me	yer edical Center	Occupation		
		Executive	e Director e Year-to-Date ▼	_
Receipt For: Primary	General	Aygregate	: Teal-10-Date V	
Other (spe			500.00	
Full Name (Last Mr. John T Gribb	t, First, Middle Initial) pin			Date of Receipt
Mailing Address	901 West Main Street			06 09 7 2006
City		State	Zip Code	Transaction ID: 12630621
<u>Freehold</u>		NJ	07728-2537	Amount of Each Receipt this Period
FEC ID number federal political of		С		500.00
Name of Employ CentraState He	yer althoare Sv-	Occupation		7
stem	aililicale Sy-		t and Chief Executive Officer	
Receipt For: Primary	General	Aggregate	Year-to-Date ▼	
Other (spe			1000.00	
SUBTOTAL of Re	eceipts This Page (optional)			1250.00
TOTAL This Perio	nd (last page this line number or	ılv)		

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16 / 131				
			Use separate schedule(s)	(check only one)				
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12				
			Detailed Guillinary Fage	13 14 15 16 17				
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the n	name and add	dress of any political committee to	solicit contributions from such committee.				
$\overline{\ }$	NAME OF COMMITTEE (In Full)							
\rangle	American Hospital Association PAC							
۹.	Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins			Date of Receipt				
	Mailing Address 6180 Lower Mountain R	oad		0 6 0 9 2 0 0 6				
	City	State	Zip Code	Transaction ID: 12630628				
	New Hope	PA	18938-5760	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		55.83				
	Name of Employer New Jersey Hospital Assoc-	Occupation	n Health Economics					
	iation Receipt For:		Year-to-Date ▼					
	Primary General	33 -3		1				
	Other (specify) ▼	0 0	212.92					
3.	Full Name (Last, First, Middle Initial) Mr. David P. Lavins			Date of Receipt				
	Mailing Address 10 Fox Chase Road			06 09 2006				
	City	State	Zip Code	Transaction ID: 12630645				
	Malvern	PA	19355-3441	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		15.00				
	Name of Employer New Jersey Hospital Association	Occupation Chief Fin	n ancial Officer					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		140,00	1				
	Other (specify) ▼		440.00					
Э.	Full Name (Last, First, Middle Initial) Mr. Barry Ostrowsky			Date of Receipt				
	Mailing Address 448 Harding Drive			06 09 7 2006				
	City	State	Zip Code	Transaction ID: 12630667				
	South Orange	NJ	07079-1319	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Saint Barnabas Health Care System	Occupation Executive	n e Vice President and Genera	ul ¢				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		500.00	1				
	Other (specify) ▼		500.00					
6	SUBTOTAL of Receipts This Page (optional)							
3	UBTOTAL of Receipts This Page (optional)			570.83				

SCHEDIII E A /EEC Form 3V)				FOR LINE NUMBER: PAGE 17 / 131
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	
or	for commercial purposes, other than using the n	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Gale Walker			Date of Receipt
	Mailing Address 401 Glynn Drive			06 08 7 2006
	City	State	Zip Code	Transaction ID: 12658453
	Parkston	SD	57366-2031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Avera St. Benedict Health Center	Occupation President	n and Chief Executive Officer	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. David M Barrett, M.D.			Date of Receipt
	Mailing Address 41 Mall Road			0 6 0 8 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12658895
	Burlington	MA	01805-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Lahey Clinic Hospital	Occupation Chief Exe	ecutive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 - 3		
	Other (specify)		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Rudy C. Snedigar			Date of Receipt
	Mailing Address 171 SE 3rd Lane			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: 12659212
	Lamar	MO	64759-9212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1 1	230.00
	Name of Employer Barton County Memorial Ho- spital	Occupation Administr	rator and CEO	
	Receipt For:		Year-to-Date ▼	
	Primary General		200.00	1
	Other (specify) ▼		230.00	
s	UBTOTAL of Receipts This Page (optional)			980.00

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 18	3 / 131
			Use separate schedule(s)	(check only one)	
ITI	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c	12
			Detailed Garrinally Fage	13 14 15	16 17
An	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributi	ions
or f	or commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committ	tee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
۹.	Mr. Stephen B. Hoven			Date of Receipt	
	Mailing Address 645 Huntley Heights				YY
					0 0 6
	City	State	Zip Code	Transaction ID: 12661689	
	Manchester	MO	63021-5876	Amount of Each Receipt this Per	iod
	FEC ID number of contributing federal political committee.	C		25	50.00
	Name of Employer SSM Health Care	Occupation		-	
			sident, Public Affairs		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	, ,	250.00		
	Other (specify) ▼	0 0	230.00		
	Full Name (Last, First, Middle Initial) Mr. Gary S. Carter, FACHE			Date of Receipt	
	Mailing Address 35 DeHart Drive			─ │	YY
	Mailing Address 35 Defiant Drive				0 6
	City	State	Zip Code	Transaction ID: 12661838	
	Belle Mead	NJ	08502-5419	Amount of Each Receipt this Per	rind
		140	00002 0110	Amount of Each receipt this i ci	100
	FEC ID number of contributing federal political committee.	C		50	00.00
	Name of Employer New Jersey Hospital Assoc-	Occupation	n		
	iation	Presiden	t & Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	-	500.00	1	
	Other (specify) ▼		500.00		
_	Full Name (Last, First, Middle Initial)			Data of Basel in	
	Mr. Sean J. Hopkins	I		Date of Receipt	
	Mailing Address 6180 Lower Mountain F	load			0 6
	City	State	Zip Code	Transaction ID: 12661842	_
	New Hope	PA	18938-5760	Amount of Each Receipt this Per	iod
	FEC ID number of contributing				F 00
	federal political committee.	C			5.00
	Name of Employer	Occupation	n		
	New Jersey Hośpital Association	Sr. VP., I	Health Economics		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		217.02	1	
	Other (specify) ▼		217.92		
					F 00
SI	JBTOTAL of Receipts This Page (optional)		······	75	5.00
TC	OTAL This Period (last page this line number o	nly)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBE	ER: PAGE 19/131
ITEMIZED RECEIPTS			or each category of the	(check only one)	
	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b	H H
Λ	winformation and them and December and Cha			13 14	15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	rnot be sold or used by any persol dress of any political committee to	n for the purpose of s solicit contributions fr	rom such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		·		
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. David P. Lavins			Date of Receipt	:
	Mailing Address 10 Fox Chase Road			0 6	23 2006
	City	State	Zip Code	Transaction ID:	
	Malvern	PA	19355-3441	Amount of Each	n Receipt this Period
	FEC ID number of contributing federal political committee.	С			5.00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation Chief Fin	n ancial Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		445.00		
3.	Full Name (Last, First, Middle Initial) Mr. John Di Angelo			Date of Receipt	
	Mailing Address 105 Pancoast Place				23 2006
	City	State	Zip Code	Transaction ID:	: 12661851
	Mullica Hill	NJ	08062-4735	Amount of Each	n Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer South Jersey Healthcare	Occupation			
	Regional Medic		ce President, Finance & CFC)	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	250.00		
	Other (specify)				
) .	Full Name (Last, First, Middle Initial) Ms. Audrey Meyers			Date of Receipt	
	Mailing Address 223 North Van Dien Ave	enue		м м / D	23 2006
	City	State	Zip Code	Transaction ID	
	Ridgewood	NJ	07450-2726		Receipt this Period
	FEC ID number of contributing		0.100 2.20	7 tillodrit of Edol	
	federal political committee.	C			500.00
	Name of Employer Valley Hospital	Occupation President	n t and Chief Executive Officer		
	Receipt For:		e Year-to-Date ▼		
	Primary General	1 1	500.00		
	Other (specify) ▼		500.00		
s	UBTOTAL of Receipts This Page (optional)				755.00
			<u> </u>		
T	OTAL This Period (last page this line number or	าly)	>		

S	CHEDULE A (FEC Form 3X)		He a second a selection of the selection	FOR LINE NUMBER: PAGE 20 / 131
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Elizabeth A. Ryan, Esq.			Date of Receipt
	Mailing Address 760 Alexander Road P. O. Box 1			06 23 7 2006
	City	State	Zip Code	Transaction ID: 12661855
	Princeton	NJ	08540-6389	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer New Jersey Hospital Assoc- iation	Occupation General (
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		300.00	
3.	Full Name (Last, First, Middle Initial) Ms. Patricia Carroll			Date of Receipt
	Mailing Address 94 Old Short Hills Road			06 23 7 2006
	City	State	Zip Code	Transaction ID: 12661860
	Livingston	NJ	07039-5672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Saint Barnabas Health Care	Occupation		
	System Receipt For:		erating Officer Year-to-Date Very state of the state o	_
	Primary General	Aggregate	: Teal-10-Date V	1
	Other (specify) ▼		250.00	
) .	Full Name (Last, First, Middle Initial) Mr. Lawrence Salameno			Date of Receipt
	Mailing Address 200 E. Allendale Avenue)		06 23 7 2006
	City	State	Zip Code	Transaction ID: 12661886
	Allendale	NJ	07401-2021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Valley Health System	Occupation Executive	n e Vice President	
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)	0 0	250.00	
S	UBTOTAL of Receipts This Page (optional)			1000.00
т,	OTAL This Period (last page this line number or	nlv)		
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 131 (check only one) X 11a 11b 11c 12
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
$\frac{\text{Or}}{}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC	ате апо аос	cress or any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Erich Florentine Mailing Address 9 Wyncroft Drive City Woodbine FEC ID number of contributing federal political committee. Name of Employer South Jersey Healthcare Regional Medic Receipt For: Primary General Other (specify)	State NJ C Occupation Vice Pres Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Gary S Horan, FACHE Mailing Address 225 Williamson Street City Elizabeth	State NJ	Zip Code 07202-3625	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Trinitas Hospital-Williamson Street Ca Receipt For: Primary General Other (specify)	Occupation President		250.00
D .	Full Name (Last, First, Middle Initial) Mr. James F Hanko Mailing Address 1300 Anne Street NW City Bemidji FEC ID number of contributing	State MN	Zip Code 56601-5103	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Federal political committee. Name of Employer North Country Regional Hospital Receipt For: Primary General Other (specify) ▼	-	n t and Chief Executive Officer e Year-to-Date ▼ 598.50	. 136.35
s	UBTOTAL of Receipts This Page (optional)			636.35
T	OTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 22 / 131		
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Bruce J. Rueben			Date of Receipt		
	Mailing Address 4885 Pheasant Court S	outh		06 08 2006		
	City	State	Zip Code	Transaction ID: 12662795		
	Afton	MN	55001-9415	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		269.50		
	Name of Employer Minnesota Hospital Associ- ation	Occupation President				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼		500.50			
В.	Full Name (Last, First, Middle Initial) Mr. Mark Sonneborn			Date of Receipt		
	Mailing Address 2550 University Avene			M M / D D / Y Y Y Y		
				06 08 2006		
	City	State	Zip Code	Transaction ID: 12662798		
	St. Paul	MN	55114	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		140.00		
	Name of Employer	Occupation		-		
	Minnesota Hospital Associ-		ident of Information Service	9		
	ation Receipt For:	1	Year-to-Date V			
	Primary General	7.99.094.0		1		
	Other (specify) ▼		440.00			
	Full Name (Last First Middle Initial)					
C.	Full Name (Last, First, Middle Initial) Ms. Ann Gibson			Date of Receipt		
	Mailing Address 2550 University Avenue Suite 350-S			06 08 2006		
	City	State	Zip Code	Transaction ID: 12662801		
	Saint Paul	MN	55114-1052	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer Minnesota Hospital Associ-	Occupation		7		
	Minnesota Hospital Associ- ation	Director,	Health Policy & Federal Rela	a		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		004.50	1		
	Other (specify)		294.52			
				050.50		
s	UBTOTAL of Receipts This Page (optional)			659.50		
\vdash				-		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 23 / 131		
•		Use separate schedule(s) or each category of the		(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any person	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
17	American Hospital Association PAC					
<u>/</u>	Full Name (Last, First, Middle Initial)					
A.	Ms. Mary Krinkie			Date of Receipt		
	Mailing Address 2550 University Avenue	W.		M M / D D / Y Y Y Y		
	Suite 350-S			06 08 2006		
	City	State	Zip Code	Transaction ID: 12662802		
	Saint Paul	MN	55114-1052	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.					
	Name of Employer Minnesota Hospital Associ-	Occupation	1			
	Minnesota Hospital Associ- ation	Vice Pres	sident			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify)	0 0	250.00			
_						
В.	Full Name (Last, First, Middle Initial) Ms. Kimber Wraalstad			Date of Receipt		
	Mailing Address P O Box 759			M M / D D / Y Y Y Y		
				06 08 2006		
	City	State	Zip Code	Transaction ID: 12662941		
	Rolla	ND	58367-0759	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.	<u> </u>		250.00		
	Name of Employer	Occupation	 1	-		
	Presentation Médical Cent- er		t and Chief Executive Office	r		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	1 1	050.00	1		
	Other (specify)	0 0	250.00			
_						
С	Full Name (Last, First, Middle Initial) Mr. Bobby G Thompson			Date of Receipt		
٠.	Mailing Address 1011 14th Street NW			M M / D D / Y Y Y Y		
				06 05 2006		
	City	State	Zip Code	Transaction ID: 12662965		
	Ardmore	OK	73401-1828	Amount of Each Receipt this Period		
	FEC ID number of contributing			125.00		
	federal political committee.	C		120.00		
	Name of Employer	Occupation	1	\dashv		
	Name of Employer Mercy Memorial Health Cen- ter		t and Chief Executive Office	r		
	Receipt For:		Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify) ▼		250.00			
_						
				625.00		
Ls	UBTOTAL of Receipts This Page (optional)			020.00		
_	OTAL This David distance this Present	l\				
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 131
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and State	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the nar	me and add	lress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			
Mr. Brian K Woodliff Mailing Address P O Box 1008			Date of Receipt
Mailing Address P O Box 1008			06 05 2006
City	State	Zip Code	Transaction ID: 12662969
<u>Tahlequah</u>	OK	74465-1008	Amount of Each Receipt this Period
FEC ID number of contributing	С		250.00
federal political committee.			
Tahlaguah City Hospital	Occupation		
Receipt For:		ecutive Officer Year-to-Date ▼	_
Primary General	Aggregate		1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) 3. Mr. James R. Castle			Date of Receipt
Mailing Address 815 Gatehouse Lane			M M / D D / Y Y Y Y
			06 08 2006
City	State	Zip Code	Transaction ID: 12671444
Columbus	OH	43235-1733	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Francisco	Onnunation		_
Ohio Hospital Association	Occupation President	& Chief Executive Officer	
Receipt For:		Year-to-Date ▼	7
Primary General		500.00	
Other (specify)		300.00	
Full Name (Last, First, Middle Initial)			
Dr. John D. Clough, MD			Date of Receipt
Mailing Address 1760 Carriage Place			0 6 0 8 2 0 0 6
City	State	Zip Code	Transaction ID: 12671445
Gates Mills	ОН	44040-9755	Amount of Each Receipt this Period
FEC ID number of contributing	С		500.00
federal political committee.	<u> </u>		330.33
Name of Employer Cleveland Clinic Foundati-	Occupation	1	7
on		of Health Affairs	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
Other (specify)	' '	500.00	
, , , , , , , , , , , , , , , , , , ,			1
•			1250.00
SUBTOTAL of Receipts This Page (optional)		>	1250.00
TOTAL This Period (last page this line number only	y)		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 131
ITEMIZED RECEIPTS		or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ly information copied from such Reports and Sta for commercial purposes, other than using the na	tements may	not be sold or used by any person	n for the purpose of soliciting contributions
0,		arric aria add	areas or arry pointed committee to	Solicit Contributions from Sacri Committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
<u></u>	Full Name (Last, First, Middle Initial)			
A.	Mr. William W Harding			Date of Receipt
	Mailing Address 659 Boulevard			M M / D D / Y Y Y Y
	-			06 08 2006
	City	State	Zip Code	Transaction ID: 12671446
	Dover	OH	44622-2077	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer	Occupation	า	7
	Union Hospital	President	t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)		300.00	
R	Full Name (Last, First, Middle Initial) Mr. Melvin R Creeley			Date of Receipt
٥.	Mailing Address 425 West Fifth Street			M M / D D / Y Y Y Y
	Walling Address 425 West Fifth Street			06 08 2006
	City	State	Zip Code	Transaction ID: 12671447
	East Liverpool	ОН	43920-2498	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	l Ossunation		4
	Name of Employer East Liverpool City Hospi-	Occupation President		
	tal Receipt For:		Year-to-Date ▼	-
	Primary General	7 1991 094110		
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Douglas W McNeill, FACHE			Date of Receipt
	Mailing Address 105 McKnight Drive			06 08 2006
	City	State	Zip Code	Transaction ID: 12671448
	Middletown	OH	45044-4838	Amount of Each Receipt this Period
		OII	13011 1000	Amount of Each Neceipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Middletown Regional Hospi-	Occupation		
	tal	l	t and Chief Executive Officer	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		200.00	
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 131
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Cathleen K Nelson			Date of Receipt
	Mailing Address 2600 Navarre Avenue			06 08 2006
	City	State	Zip Code	Transaction ID: 12671449
	Oregon	OH	43616-3297	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Charles Mercy Hospital	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr. LaMar L Wyse			Date of Receipt
	Mailing Address 269 Portland Way South			06 08 2006
	City	State	Zip Code	Transaction ID: 12671450
	Galion	OH	44833-2312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
			t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Ms. Mary M. Yost			Date of Receipt
	Mailing Address 924 Riva Ridge Boulevard	d		06 08 2006
	City	State	Zip Code	Transaction ID: 12671451
	Gahanna	OH	43230-3825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ohio Hospital Association	Occupation Vice Pres	n sident, Public Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
Ļ	OTAL This Period (last nage this line number only	v)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 27 / 131		
ITEMIZED RECEIPTS		or each category of the	(check only one)			
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Δ	ny information copied from such Reports and Sta	tomente may	unot he cold or used by any perso			
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from	such committee.	
abla	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
_	Full Name (Last, First, Middle Initial)			5. (5.).		
Α.	Mr. James B. Falahee, Jr.			Date of Receipt		
	Mailing Address 7463 Cottage Oak Drive			06 29		
	City	State	Zip Code	Transaction ID: 1	2676101	
	Portage	MI	49024-2352	Amount of Each R		
	FEC ID number of contributing federal political committee.	C			280.00	
	Name of Employer Bronson Healthcare Group,	Occupation Senior VI	n P, Legal/Legislative Relations			
	Inc. Receipt For:		Year-to-Date ▼	7		
	Primary General		000.00			
	Other (specify)		280.00			
В.	Full Name (Last, First, Middle Initial) Mr. Garry C Faja			Date of Receipt		
	Mailing Address P O Box 995		06 29			
	City	State	Zip Code	Transaction ID: 1	Transaction ID: 12676120	
	Ann Arbor	MI	48106-0995	Amount of Each R	eceipt this Period	
	FEC ID number of contributing federal political committee.	C			1050.00	
	Name of Employer Saint Joseph Mercy Health	Occupation				
	System		t and Chief Executive Officer			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify) ▼		1050.00			
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Receipt		
C.	Dr. Mark A Kelley Mailing Address 1124 Covington Road			M M / D D	/ Y Y Y Y Y	
	1124 Govington Hoad			06 29		
	City	State	Zip Code	Transaction ID: 1	2676195	
	Bloomfield Hills	MI	48301-2363	Amount of Each R	eceipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Henry Ford Health System	Occupation Executive	n e Vice President			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	, ,	250.00			
	Other (specify) 🔻	0 0	0 0 0 0 0 0 0			
s	UBTOTAL of Receipts This Page (optional)				1580.00	
T	OTAL This Period (last page this line number or	ıly)	>			

S	CHEDULE A (FEC Form 3X)		Llas apparata ashadula(a)	FOR LINE NUMBER: PAGE 28 / 131
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
•••	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Jim Lee			Date of Receipt
	Mailing Address 803 Greenwich Drive			06 29 2006
	City	State	Zip Code	Transaction ID: 12676207
	Grand Ledge	MI	48837-2411	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		375.00
	Name of Employer Michigan Health & Hospital Association	Occupation VP, Corp	n orate Information Services	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	375.00	1
	Other (specify)		073.00	
ь	Full Name (Last, First, Middle Initial)			Date of Descript
В.	Ms. Julie MacDonald, , R.N. Mailing Address P O Box 995			Date of Receipt
	Mailing Address P O Box 995			06 29 2006
	City	State	Zip Code	Transaction ID: 12676219
	Ann Arbor	MI	48106-0995	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer	Occupation	2	_
	Saint Joseph Mercy Health		ce President Patient Care S	er
	System Receipt For:		Year-to-Date V	
	Primary General	/ igg. ogato		1
	Other (specify) ▼	1	1000.00	
C.	Full Name (Last, First, Middle Initial) Ms. Cheryl Knapp			Date of Receipt
	Mailing Address 7183 Cross Country Dri	M M / D D / Y Y Y		
		06 29 2006		
	City	State	Zip Code	Transaction ID: 12676245
	Kalamazoo	MI	49009-7588	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bronson Healthcare Group,	Occupation		
	Inc.		re Executive	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)			1
s	UBTOTAL of Receipts This Page (optional)			1125.00
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Ιт	OTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 131
ITEMIZED RECEIPTS			or each category of the	(check only one)
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				13 14 15 16 17
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. John Mosley			Date of Receipt
	Mailing Address 6305 Scarborough Driv	ve SE		06 29 2006
	City	State	Zip Code	Transaction ID: 12676297
	Ada	MI	49301-9089	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Spectrum Health	Occupation Vice Pres	n sident, Strategy & Business	De
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	7
	Other (specify) ▼			
В.	Full Name (Last, First, Middle Initial) Mr. Rodney M Nelson			Date of Receipt
	Mailing Address 220 Burdette Street	06 29 2006		
	City	State	Zip Code	Transaction ID: 12676298
	Saint Ignace	MI	49781-1712	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	federal political committee. Name of Employer Mackinac Straits Hospital	Occupation		
	Name of Employer Mackinac Straits Hospital and Health C	Occupation Presiden	t and Chief Executive Office	
	federal political committee. Name of Employer Mackinac Straits Hospital	Occupation Presiden		
	Name of Employer Mackinac Straits Hospital and Health C Receipt For:	Occupation Presiden	t and Chief Executive Office	
	Name of Employer Mackinac Straits Hospital and Health C Receipt For: Primary General	Occupation Presiden	t and Chief Executive Office Year-to-Date ▼	
	Full Name (Last, First, Middle Initial) Name of Employer Mackinac Straits Hospital and Health C Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Presiden	t and Chief Executive Office Year-to-Date ▼	er
c.	federal political committee. Name of Employer Mackinac Straits Hospital and Health C Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Douglas E Pattullo	Occupation Presiden	t and Chief Executive Office Year-to-Date ▼	Date of Receipt
 C.	federal political committee. Name of Employer Mackinac Straits Hospital and Health C Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Douglas E Pattullo Mailing Address 2463 South M-30	Occupation President Aggregate	t and Chief Executive Office Year-to-Date ▼ 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee. Name of Employer Mackinac Straits Hospital and Health C Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Douglas E Pattullo Mailing Address 2463 South M-30 City	Occupation President Aggregate State	t and Chief Executive Office Year-to-Date ▼ 250.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	federal political committee. Name of Employer Mackinac Straits Hospital and Health C Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Douglas E Pattullo Mailing Address 2463 South M-30 City West Branch FEC ID number of contributing	Occupation President Aggregate State MI C	t and Chief Executive Office Year-to-Date ▼ 250.00 Zip Code 48661-1199	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	federal political committee. Name of Employer Mackinac Straits Hospital and Health C Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Douglas E Pattullo Mailing Address 2463 South M-30 City West Branch FEC ID number of contributing federal political committee. Name of Employer West Branch Regional Medical Center Receipt For:	Occupation President Aggregate State MI C Occupation Chief Exe	t and Chief Executive Office Year-to-Date Zip Code 48661-1199	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee. Name of Employer Mackinac Straits Hospital and Health C Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Douglas E Pattullo Mailing Address 2463 South M-30 City West Branch FEC ID number of contributing federal political committee. Name of Employer West Branch Regional Medical Center Receipt For: Primary General	Occupation President Aggregate State MI C Occupation Chief Exe	t and Chief Executive Office Year-to-Date ▼ 250.00 Zip Code 48661-1199 cecutive Officer Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	federal political committee. Name of Employer Mackinac Straits Hospital and Health C Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Douglas E Pattullo Mailing Address 2463 South M-30 City West Branch FEC ID number of contributing federal political committee. Name of Employer West Branch Regional Medical Center Receipt For:	Occupation President Aggregate State MI C Occupation Chief Exe	t and Chief Executive Office Year-to-Date ▼ 250.00 Zip Code 48661-1199	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee. Name of Employer Mackinac Straits Hospital and Health C Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Douglas E Pattullo Mailing Address 2463 South M-30 City West Branch FEC ID number of contributing federal political committee. Name of Employer West Branch Regional Medical Center Receipt For: Primary General	State MI Occupation Chief Exe	t and Chief Executive Office Year-to-Date ▼ 250.00 Zip Code 48661-1199 cecutive Officer Year-to-Date ▼ 250.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 30 / 131	
			Use separate schedule(s)	(check only one)	
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An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial) Mr. Gregory W. Moore			Date of Receipt	
٦.				-	
	Mailing Address 1431 Pilgrim Ave.			06 29 2006	
	City	State	Zip Code	Transaction ID: 12676330	
	Birmingham	MI	48009-1005	Amount of Each Receipt this Period	_
	FEC ID number of contributing			500.00	ī.
	federal political committee.	C		500.00	
	Name of Employer Hall, Render, Killian, He-	Occupation	n	7	
	ath & Lyman	Attorney	· · · · ·		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	500.00		
	Other (specify)		0 0 0 0 0 0 0	1	
3.	Full Name (Last, First, Middle Initial) Mrs. Kathleen Rhine			Date of Receipt	_
•	Mailing Address 1228 Waterways Dr.	M M / D D / Y Y Y Y			
	1220 Waterwaye Br.	06 29 2006			
	City	ty State Zip Code			
	Ann Arbor	MI	48108-2782	Amount of Each Receipt this Period	_
	FEC ID number of contributing			250.00	1
	federal political committee.	C		250.00	
	Name of Employer	Occupation	<u> </u>		
	Saint Joseph Mercy Health		ninistration		
	System Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		250.00		
.	Full Name (Last, First, Middle Initial) Mr. Matthew G. VanVranken			Date of Receipt	
	Mailing Address 5669 Watermark Court	SF		M M / D D / Y Y Y Y	
				06 29 2006	
	City	State	Zip Code	Transaction ID: 12676412	
	Grand Rapids	MI	49546-6487	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		500.00	l
	federal political committee.			333.33	J
	Name of Employer Spectrum Health	Occupation		7	
		Presiden			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)		0 0 0 0 0 0 0	1	
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S	UBTOTAL of Receipts This Page (optional))	1250.00	ļ
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 131
ITEMIZED RECEIPTS			or each category of the	(check only one)
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Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Matthew Rush			Date of Receipt
	Mailing Address 321 East Harris Street	06 29 7 2006		
	City	State	Zip Code	Transaction ID: 12676427
	Charlotte	MI	48813-1697	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hayes-Green-Beach Memorial Hospital		t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Michael Way			Date of Receipt
	Mailing Address 7049 Turkey Glen Trail	06 29 7 2006		
	City	Transaction ID: 12676429		
	Kalamazoo	MI	49009-7082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		217.50
	Name of Employer Bronson Healthcare Group, Inc.	Occupation Vice Pres	n sident, Materials Managemer	nt
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1		
	Other (specify) ▼	0 0	217.50	
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. John Schon			Date of Receipt
	Mailing Address 1721 South Stephenson	06 29 7 2006		
	City	State	Zip Code	Transaction ID: 12676444
	Iron Mountain	MI	49801-3637	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dickinson County Healthca- re System	Occupation Administ	n rator and Chief Executive Of	fi
	Receipt For:		e Year-to-Date ▼	
	Primary General	33 -3 //		ı I
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			717.50
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 32 / 131
	·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Sandra B Bruce			Date of Receipt
	Mailing Address 1055 North Curtis Road			06 29 2006
	City	State	Zip Code	Transaction ID: 12676456
	Boise	ID	83706-1352	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Saint Alphonsus Regional	Occupation		
	Medical Cente		t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial) Mr. Douglas Crabtree			Date of Receipt
	Mailing Address P O Box 2077			M M / D D / Y Y Y Y
				06 29 2006
	City	State	Zip Code	Transaction ID: 12676461
	Idaho Falls	ID	83403-2077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	2	_
	Name of Employer Eastern Idaho Regional Me-		ecutive Officer	
	dical Center Receipt For:		Year-to-Date ▼	-
	Primary General	riggregate	Tour to Bute V	1
	Other (specify)		500.00	
	F. II Name (Leat First Middle Letter)			1
C.	Full Name (Last, First, Middle Initial) Mr. Edwin E Dahlberg			Date of Receipt
	Mailing Address 190 East Bannock Stree	t		06 29 2006
	City	State	Zip Code	Transaction ID: 12676464
	Boise	ID	83712-6241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	า	7
	St. Luke's Regional Medic- al Center	President	t and Chief Executive Officer	•
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
_				
				1000.00
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>	100000
1				

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 33 / 131
		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Guillinary Fage	13 14 15 16 17
Any information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Mr Kenneth L Harman			Date of Receipt
Mailing Address 528 Teton Drive			06 29 2006
City	State	Zip Code	Transaction ID: 12676468
Burley	ID	83318-2850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Cassia Regional Medical	Occupation	n	
Center Receipt For:		e Year-to-Date ▼	
Primary General	7 .gg. 0ga.c		1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) 3. Mr. Paul A Spaude			Date of Receipt
Mailing Address 6354 East Bay Lane	06 29 2006		
City	State	Zip Code	Transaction ID: 12676478
Richland	MI	49083-8707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		750.00
Name of Employer Borgess Health Alliance	Occupation Chief Exe	n ecutive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		750.00	1
Other (specify)		750.00	
Full Name (Last, First, Middle Initial) Mr. Jeffrey W Martin			Date of Receipt
Mailing Address 700 South Main Street			06 29 7 2006
City	State	Zip Code	Transaction ID: 12676482
Moscow	ID	83843-3056	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Gritman Medical Center	Occupation Chief Exe	n ecutive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	1
Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			1250.00
TOTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 34 / 131
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Gail May			Date of Receipt
	Mailing Address 2894 E. Wildernest Ln.			06 29 7 2006
	City	State	Zip Code	Transaction ID: 12676486
	Boise	<u>ID</u>	83706-6937	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. Luke's Regional Medic- al Center	Occupation President	n t, Auxillary	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	230.00	
3.	Full Name (Last, First, Middle Initial) Mr. Joseph E. Morris, III			Date of Receipt
	Mailing Address 304 S 11th Street			06 29 7 2006
	City	State	Zip Code	Transaction ID: 12676489
	Coeur D Alene	<u>ID</u>	83814-3905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Kootenai Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)	' '	250.00	
		0 0		
Э.	Full Name (Last, First, Middle Initial) Mrs. Deborah Strohaver			Date of Receipt
	Mailing Address 1289 Jefferson Rd.			06 29 7 2006
	City	State	Zip Code	Transaction ID: 12676503
	Clarklake	MI	49234-9634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Foote Health System	Occupation Director,	n Foote Health University	
	Receipt For:		Year-to-Date ▼	7
	Primary General		050.00	1
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
Τ.	OTAL This Period (last page this line number or	alv)		
- 1	UIAL THIS FEHOU (IAST PAYE THIS HITE HUTTIDE! OF	11 y /	·······	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 131
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a
Δn	v information copied from such Reports and Sta	tements may	not be sold or used by any perso	
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Charles P Swisher, , FACHE			Date of Receipt
	Mailing Address 2121 Hughes Drive, 4th		7: 0 1	06 29 2006
	City	State OH	Zip Code	Transaction ID: 12676507
	Sylvania	ОП	43606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ProMedica Health System	Occupation Corporate	n e Vice President Governmen	t Re
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Kenneth Taft			Date of Receipt
	Mailing Address 2964 East T Avenue			06 29 7 2006
	City	State	Zip Code	Transaction ID: 12676510
	Portage	MI	49002-7533	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Bronson Healthcare Group,	Occupation	n	
	Inc.		e Vice President & Chief Ope	ra —
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	300.00	
	Cutor (speerly) \(\psi\)	0 0		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Henry A Veenstra			Date of Receipt
	Mailing Address 8333 Felch Street			06 29 7 2006
	City	State	Zip Code	Transaction ID: 12676513
	Zeeland	MI	49464-1619	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer Zeeland Community Hospital	Occupation President		
	Receipt For:		e Year-to-Date ▼	1
	Primary General		250.00	
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			800.00
	, -3- (<u>^</u>	
T	OTAL This Period (last page this line number or	າly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 131	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
TI LIMIZED RECEIL 13		Detailed Summary Page	X 11a 11b 11c 12	
Any information copied from such Reports and St	atomonte ma	rot be sold or used by any person	13 14 15 16 17	
or for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial) A. Mr. Kevin Walker			Date of Receipt	
Mailing Address 13268 Speckledwood D	١,		M M / D D / Y Y Y Y	
Maining Address 13200 Speckledwood L	Λ.		06 29 2006	
City	State	Zip Code	Transaction ID: 12676517	
Dewitt	MI	48820-8165	Amount of Each Receipt this Period	
FEC ID number of contributing	С		250.00	
federal political committee.	C		230.00	
Name of Employer	Occupation	n		
MHA Insurancé Company	Senior D	irector		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General	-	250.00	1	
Other (specify)		200.00		
Full Name (Last, First, Middle Initial)				
B. Ms. Mary Wesley			Date of Receipt	
Mailing Address 5301 East Huron River	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: 12676522	
<u>Ypsilanti</u>	MI	48197-1051	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
rederal political committee.				
Name of Employer Saint Joseph Mercy Health	Occupation			
System		rsing Officer		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
Other (specify)	' '	250.00		
			J.	
Full Name (Last, First, Middle Initial)				
C. Mr. Sam R. Watson			Date of Receipt	
Mailing Address 1240 E. Mill Street			06 29 2006	
City	State	Zip Code	Transaction ID: 12676545	
<u>Hastings</u>	MI	49058-9185	Amount of Each Receipt this Period	
FEC ID number of contributing				
federal political committee.	C		216.00	
Name of Employer	Occupation	 n		
Name of Employer MHA Health Foundation		e Executive Director		
Receipt For:		e Year-to-Date ▼		
Primary General	1 1	216.00	1	
Other (specify)	0 0	210.00		
CURTOTAL of Descripts This Description 1	716.00			
SUBTOTAL of Receipts This Page (optional)				
TOTAL This Period (last page this line number of	. 1			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 131
	EMIZED RECEIPTS		or each category of the	(check only one)
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or	ny information copied from such Reports and Statement for commercial purposes, other than using the name a	nts may and add	rnot be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		71	
$ \rangle$	American Hospital Association PAC			
	, and to an incorporation and the first state of th			
_	Full Name (Last, First, Middle Initial)			
Α.	Mr. Stephen J. O'Connor			Date of Receipt
	Mailing Address 606 Hastay Boulevard			06 29 2006
	City Si	tate	Zip Code	Transaction ID: 12676602
	Eaton Rapids M		48827-2001	Amount of Each Receipt this Period
	FFO ID combined (contribution)		TOOL / 2001	Amount of Each receipt this renou
	FEC ID number of contributing federal political committee.			214.32
	Name of Employer Occ	cupation	1	┪
	MHA Service Corporation	nior Di		
	Receipt For: Age	gregate	Year-to-Date ▼	
	Primary General	1 1	01100	
	Other (specify) ▼		214.32	
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
Ь.				<u> </u>
	Mailing Address 6480 Lodi Meadow Drive			06 29 2006
	City	tate	Zip Code	Transaction ID: 12676619
	<u>Saline</u> M	11	48176-8802	Amount of Each Receipt this Period
	EEC ID assembles of a settlibution	_		
	federal political committee.			250.00
	Name of Frankrica			_
	Brighton Hoenifal	cupatior esident		
			Year-to-Date ▼	-
	Primary General	giogato	100110 2010 7	1
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial)			
C.	Mrs. Amy Barkholz			Date of Receipt
	Mailing Address 1100 Onondaga Road			06 29 2006
	City	tate	Zip Code	Transaction ID: 12676622
	<u>Holt</u> M	11	48842-9665	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee			216.00
	federal political committee.			
	Name of Employer Michigan Health & Hospital	cupation	1	7
	Michigan Health & Hospital Sr.	Direct	or, Regulatory Issues	
		gregate	Year-to-Date ▼	
	Primary General		216.00	
	Other (specify) ▼		216.00	
_				
				680.32
L	UBTOTAL of Receipts This Page (optional)		<u> </u>	
_	OTAL This Davisd (look many this Personalism 1.)			
1 [OTAL This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 38 / 131
	•	Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinally Lage	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Mary L. Ursul			Date of Receipt
	Mailing Address 2356 Mission Hills SE			06 29 2006
	City	State	Zip Code	Transaction ID: 12676624
	Grand Rapids	MI	49546-7804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		216.00
	Name of Employer MHA Insurance Company	Occupation Sr Dir B	n usiness Development	
	Receipt For:		Year-to-Date V	+
	Primary General	, iggi ogalo		1
	Other (specify) ▼		216.00	
В.	Full Name (Last, First, Middle Initial) Mr. Peter J. Schonfeld			Date of Receipt
	Mailing Address 7105 Cutler Road			06 29 YYYYY 2006
	City	State	Zip Code	Transaction ID: 12676630
	Bath	MI	48808-9439	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		642.90
	Name of Employer Michigan Health & Hospital	Occupation	n President, Policy & Data Svo	
	Association Receipt For:		Year-to-Date ∇	·· <u>·</u>
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify) ▼		642.90	
	Full Name (Last, First, Middle Initial)			1
C.	Mr. Verne J. Rambo, II			Date of Receipt
	Mailing Address 1136 Norfolk Circle			06 29 7 2006
	City	State	Zip Code	Transaction ID: 12676642
	Grand Ledge	MI	48837-2284	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		312.50
	Name of Employer MHA Insurance Company	Occupation Vice Pres	n sident, Alternative Risk	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	010.50	1
	Other (specify) ▼		312.50	
_				
				4474.40
s	UBTOTAL of Receipts This Page (optional)			1171.40
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 39 / 131
	· · · · · · · · · · · · · · · · · · ·	Use separate schedule(s) or each category of the		(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Bradley D. Lonsberry			Date of Receipt
	Mailing Address 4844 Sycamore Street			06 29 2006
	City	State	Zip Code	Transaction ID: 12676693
	Holt	MI	48842-1551	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		428.58
	Name of Employer MHA Insurance Company	Occupation Vice Pres		
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		428.58	
В.	Full Name (Last, First, Middle Initial) Ms. Lori Latham			Date of Receipt
	Mailing Address 1314 George Street			06 29 2006
	City	State	Zip Code	Transaction ID: 12676699
	Lansing	MI	48910-1235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		214.32
	Name of Employer Michigan Health & Hospital	Occupation Director	1	
	Association Receipt For:		Year-to-Date ▼	
	Primary General	7 1991 09410	Total to Bate V	1
	Other (specify) ▼		214.32	
_	Full Name (Last, First, Middle Initial)			Date of Descript
U.	Ms. Laura D. Appel Mailing Address 224 Vicksburg			Date of Receipt
	Walling Address 224 Vicksburg			06 29 2006
	City	State	Zip Code	Transaction ID: 12676728
	Lansing	MI	48917-9607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		645.00
	Name of Employer Michigan Health & Hospital	Occupation Senior Di	rector, Legislative Policy	7
	Association Receipt For:		Year-to-Date ▼	
	Primary General	55. 054.0		1
	Other (specify) ▼		645.00	
_				d
				100=00
s	UBTOTAL of Receipts This Page (optional)			1287.90
\vdash				

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 40 / 131
	· ·	Use separate schedule(s) or each category of the		(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			z otalica zaminaly i age	13 14 15 16 17
Ar	ny information copied from such Reports and S	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Terence A. Thomas			Date of Receipt
	Mailing Address 18214 Parkside			06 29 2006
	City	State	Zip Code	Transaction ID: 12676738
	Detroit	MI	48221-2727	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer St. John Health	Occupation Senior Vi	n ce President, External Affair	
	Receipt For:		Year-to-Date ▼	
	Primary General		500,00	1
	Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial)			+
В.				Date of Receipt
	Mailing Address 2678 Moreno Drive			06 29 2006
	City	State	Zip Code	Transaction ID: 12676749
	Lansing	MI	48911-6460	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		625.00
	Name of Employer MHA Service Corporation	Occupation Senior Vi	n ce President	
	Receipt For:		Year-to-Date ▼	
	Primary General	199.194.1		1
	Other (specify) ▼		625.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Kimberly Commins	<u> </u>		Date of Receipt
	Mailing Address 1170 Fairfax			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12676760
	Birmingham	MI	48009-1033	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		300.00
	Name of Employer Hall, Render, Killian, He-	Occupation Attorney	1	
	ath & Lyman, Receipt For:		Year-to-Date ▼	-
	Primary General	99. 09410	- 1-3. 10 - 3.10 	1
	Other (specify)		300.00	
_				
				1425.00
Ls	UBTOTAL of Receipts This Page (optional)		······································	1423.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 131 (check only one) X 11a 11b 11c 12
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	Ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Gertz Mailing Address 1047 Curtis Avenue City Petoskey FEC ID number of contributing federal political committee. Name of Employer North Central Council of the MHA Receipt For: Primary General Other (specify)		Zip Code 49770-2811 n e Director e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Rob Covert Mailing Address 200 North Madison Stree City Marshall FEC ID number of contributing federal political committee. Name of Employer Oaklawn Hospifal Receipt For: Primary General Other (specify)	State MI C Occupation Presiden	Zip Code 49068-1143 n t and Chief Executive Officer e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Mr. David S. Finkbeiner Mailing Address 85 Damon Road City Haslett FEC ID number of contributing federal political committee. Name of Employer Michigan Health & Hospital Association Receipt For: Primary General Other (specify)		Zip Code 48840-9747 In irrector, Legislative Issues e Year-to-Date ▼ 321.33	Date of Receipt M M M / 29 / 2006 Transaction ID: 12676824 Amount of Each Receipt this Period 321.33
s	UBTOTAL of Receipts This Page (optional)			892.81
T	OTAL This Period (last page this line number o	nlv)	b	

SCHE	DULE A (FEC Form 3X)			FOR LINE NUMB	ER: PAGE 42 / 131	
			Use separate schedule(s)	(check only one)		
ITEMI	ZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	o	
			Detailed Guillinary Fage	13 14	15 16 17	
Any info	rmation copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of s	soliciting contributions	
or for co	mmercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions f	rom such committee.	
\ NAM	E OF COMMITTEE (In Full)					
Ame	erican Hospital Association PAC					
-	Name (Last, First, Middle Initial)			Date of Receip	t	
Mailir	ng Address P O Box 130			M M / D	29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City		State	Zip Code	Transaction ID		
Alleg	ran	MI	49010-0130		h Receipt this Period	
· ·	ID number of contributing			7 tillodilit of Edo	· · · · · · · ·	
	al political committee.	C			375.00	
	e of Employer n Rapids Medical Cent-	Occupation President	n t and Chief Executive Office	_		
<u>er</u> Rece	ipt For:	1	Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼	0 0	375.00			
	Name (Last, First, Middle Initial) homas F. Dickinson			Date of Receip	t	
	ng Address 3916 River Cove Dr.			M M / D	D / Y Y Y Y	
				0 6	29 2006	
City		State	Zip Code	Transaction ID	: 12676855	
<u>Lans</u>	sing	MI	48917-9564	Amount of Eac	h Receipt this Period	
	ID number of contributing al political committee.	C			500.00	
Name	e of Employer Insurance Company	Occupation				
			t & Chief Executive Officer			
Rece	ipt For:	Aggregate	e Year-to-Date ▼	_		
	Primary General Other (specify)		500.00	11		
	, , , , , , , , , , , , , , , , , , ,	0 0		J		
	Name (Last, First, Middle Initial) Joseph Diederich			Date of Receip	t	
Mailir	ng Address 365 Windy Crest Drive				29 2006	
City		State	Zip Code	Transaction ID	: 12676859	
<u>Ann</u>	Arbor	MI	48105-3014	Amount of Eac	h Receipt this Period	
FEC	ID number of contributing	С			250.00	
feder	al political committee.	<u> </u>			230.00	
Name Oakv	e of Employer vood Healthcare, Inc.	Occupation Administration				
Rece	ipt For:	Aggregate	Year-to-Date ▼			
	Primary General	-	250.00	1		
	Other (specify) ▼	0 0	250.00			
SUBTO	TAL of Receipts This Page (optional)				1125.00	
			•			
TOTAL	This Period (last page this line number o	nly)	>			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 43 / 131
	EMIZED RECEIPTS		or each category of the	(check only one)	, –
••	EMIZED RECEIL 10		Detailed Summary Page	X 11a 11b	11c 12 15 16 17
Δ.	w information assign from such Benerte and St	estamanta mai	, not be cold or used by any parce	n for the purpose of colici	
or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas D DeFauw			Date of Receipt	
	Mailing Address 300 East Warwick Driv			06 29	2006
	City	State	Zip Code	Transaction ID: 12	
	Alma	MI	48801-1014	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer Gratiot Medical Center	Occupation President	n t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		300.00		
	Other (specify) ▼	0 0			
В.	Full Name (Last, First, Middle Initial) Mr. Randy DeGroot			Date of Receipt	
	Mailing Address 274 East Chicago Street	et		06 29	2006
	City	State	Zip Code	Transaction ID: 12	:676870
	Coldwater	MI	49036-2041	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Community Health Center	Occupation			
	of Branch Coun		ecutive Officer	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify) ▼		250.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Gerald D Fitzgerald			Date of Receipt	
	Mailing Address One Parklane Blvd, Ste	1000E		06 29	2006
	City	State	Zip Code	Transaction ID: 12	
	<u>Dearborn</u>	MI	48126-4241	Amount of Each Re	
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Oakwood Healthcare, Inc.	Occupation President	n t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) ▼	0 0	000.00		
s	UBTOTAL of Receipts This Page (optional)				1050.00
\vdash			·		
T	OTAL This Period (last page this line number of	only)	>		

SCHEDULE A (FEC Form 3X)	l lea con	parate schedule(s)	FOR LINE NUMBER: PAGE 44 / 131			
ITEMIZED RECEIPTS		category of the	(check only one)			
TI EIVIIZED TIEOEII 13	Detailed	Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and Statem	ents may not be solo	d or used by any perso	n for the purpose of soliciting contributions			
or for commercial purposes, other than using the name	e and address of any	/ political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
American Hospital Association PAC						
Full Name (Last, First, Middle Initial)						
Mr. J. Patrick Dyson			Date of Receipt			
Mailing Address P.O. Box 51167			06 29 2006			
City	State Zip Co	ode	Transaction ID: 12676911			
Kalamazoo	MI 49005	5-1167	Amount of Each Receipt this Period			
FEC ID number of contributing			375.00			
federal political committee.	<u> </u>		373.00			
Name of Employer O Borgess Health Alliance	ccupation		7			
Borgess Health Alliance	xecutive Vice Pre	sident				
	ggregate Year-to-Da	ate 🔻				
Primary General		375.00				
Other (specify) ▼	0 0 0 0	0 0 0 0				
Full Name (Last, First, Middle Initial)						
Ms. Georgia R Fojtasek			Date of Receipt			
Mailing Address 205 North East Avenue			06 29 2006			
City	State Zip Co	ode	Transaction ID: 12676977			
•	MI 49201		Amount of Each Receipt this Period			
FEC ID number of contributing						
federal political committee.			500.00			
Name of Employer O	ccupation		\dashv			
Egoto Hoolth Svietom	•	ef Executive Officer				
	ggregate Year-to-Da	ate 🔻				
Primary General		500.00				
Other (specify) ▼						
Full Name (Last, First, Middle Initial)						
Mr. Dwight Gascho			Date of Receipt			
Mailing Address 170 North Caseville Road			06 29 2006			
City	State Zip Co	ode	Transaction ID: 12676982			
Pigeon	MI 48755	5-9704	Amount of Each Receipt this Period			
FEC ID number of contributing			250.00			
federal political committee.	<u> </u>					
Schourer Hoenital	ccupation		7			
		ef Executive Officer				
Receipt For: Primary General	ggregate Year-to-Da	ate V				
Other (specify)		250.00				
•	SUBTOTAL of Descipts This Dage (antional)					
SUBTOTAL of Receipts This Page (optional)		·····	1125.00			
TOTAL This Period (last page this line number only)		>				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 131
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED NEOLII 13		Detailed Summary Page	X 11a 11b 11c 12
Δ	· information and formation Bounds and O			13 14 15 16 17
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Sean Gehle			Date of Receipt
	Mailing Address 328 West Ottawa			06 29 2006
	City	State	Zip Code	Transaction ID: 12676984
	Lansing	MI	48933-1587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. John Health	Occupation Vice Pres	n sident, Advocacy	
	Receipt For:		Year-to-Date ▼	
	Primary General	' '	250.00	7
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Robert D. Hinman			Date of Receipt
	Mailing Address 2002 Marstoga Dr.			06 29 2006
	City	State	Zip Code	Transaction ID: 12677026
	Lansing	MI	48917-1292	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer MHA Insurance Company	Occupation Administ		
	Name of Employer	Occupation Administ		
	Name of Employer MHA Insurance Company Receipt For: Primary General	Occupation Administ	rator • Year-to-Date ▼	
	Name of Employer MHA Insurance Company Receipt For:	Occupation Administ	rator	
	Name of Employer MHA Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. William Jackson	Occupation Administ	rator • Year-to-Date ▼	Date of Receipt
	Name of Employer MHA Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Administ Aggregate	rator • Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer MHA Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. William Jackson Mailing Address 14700 Lake Shore Driv City	Occupation Administ Aggregate Ye State	rator Year-to-Date ▼ 250.00 Zip Code	M M / D D / Y Y Y Y
C.	Name of Employer MHA Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. William Jackson Mailing Address 14700 Lake Shore Driv	Occupation Administ Aggregate	rator e Year-to-Date ▼ 250.00	0 6 2 9 2 0 0 6
c.	Name of Employer MHA Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. William Jackson Mailing Address 14700 Lake Shore Driv City	Occupation Administ Aggregate Ye State	rator Year-to-Date ▼ 250.00 Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Name of Employer MHA Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. William Jackson Mailing Address 14700 Lake Shore Driv City Charlevoix FEC ID number of contributing	Occupation Administ Aggregate /e State MI	zator Year-to-Date ▼ 250.00 Zip Code 49720-1931	Transaction ID: 12677042 Amount of Each Receipt this Period
c.	Name of Employer MHA Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. William Jackson Mailing Address 14700 Lake Shore Driv City Charlevoix FEC ID number of contributing federal political committee. Name of Employer Charlevoix Area Hospital Receipt For:	Occupation Administ Aggregate Ve State MI C Occupation Presiden	zator Year-to-Date ▼ 250.00 Zip Code 49720-1931	Transaction ID: 12677042 Amount of Each Receipt this Period
c.	Name of Employer MHA Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. William Jackson Mailing Address 14700 Lake Shore Driv City Charlevoix FEC ID number of contributing federal political committee. Name of Employer Charlevoix Area Hospital Receipt For: Primary General	Occupation Administ Aggregate Ve State MI C Occupation Presiden	Zip Code 49720-1931 A Year-to-Date ▼	Transaction ID: 12677042 Amount of Each Receipt this Period
c .	Name of Employer MHA Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. William Jackson Mailing Address 14700 Lake Shore Driv City Charlevoix FEC ID number of contributing federal political committee. Name of Employer Charlevoix Area Hospital Receipt For:	Occupation Administ Aggregate Ve State MI C Occupation Presiden	zip Code 49720-1931	Transaction ID: 12677042 Amount of Each Receipt this Period
	Name of Employer MHA Insurance Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. William Jackson Mailing Address 14700 Lake Shore Driv City Charlevoix FEC ID number of contributing federal political committee. Name of Employer Charlevoix Area Hospital Receipt For: Primary General	Occupation Administ Aggregate /e State MI C Occupation President Aggregate	Zip Code 49720-1931 A Year-to-Date ▼ 250.00	Transaction ID: 12677042 Amount of Each Receipt this Period

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 131 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Richard C. Helgren Mailing Address 6300 S. St. Clair Road			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12677093
	St. Johns FEC ID number of contributing federal political committee.	C	48879-8144	Amount of Each Receipt this Period 750.00
	Name of Employer MHA Insurance Company Receipt For: Primary General Other (specify) ▼	Occupation Exec. VP Aggregate		
3.	Full Name (Last, First, Middle Initial) Ms. Kathleen S Griffiths Mailing Address 775 South Main Street			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12677096
	Chelsea	MI	48118-1383	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Chelsea Community Hospital		t and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
D.	Full Name (Last, First, Middle Initial) Mr. Gary Henriksen			Date of Receipt
	Mailing Address 350 Crosswind Drive			06 29 7 2006
	City Dimondale	State MI	Zip Code 48821-9795	Transaction ID: 12677102 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1.000.000	750.00
	Name of Employer Michigan Health & Hospital Association Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		ance Officer e Year-to-Date ▼ 750.00	
S	JBTOTAL of Receipts This Page (optional)			1750.00
т	OTAL This Period (last page this line number or	าly))	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 47 / 131
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Ned B Hughes, Jr.			Date of Receipt
	Mailing Address 212 South Sullivan Stre	et		06 29 2006
	City	State	Zip Code	Transaction ID: 12677106
	Fremont	MI	49412-1596	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		375.00
	Name of Employer Gerber Memorial Health Services	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		075.00	1
	Other (specify) ▼		375.00	
В.	Full Name (Last, First, Middle Initial) Mr. Spencer Johnson			Date of Receipt
Ь.	Mailing Address 2066 Riverwood Drive			<u> </u>
	Walling Address 2000 Riverwood Drive			06 29 2006
	City	State	Zip Code	Transaction ID: 12677108
	Okemos	MI	48864-2814	Amount of Each Receipt this Period
	FEC ID number of contributing			1050.00
	federal political committee.	C		1250.00
	Name of Employer	Occupation	1	
	Michigan Health & Hospital Association	President	t	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1250.00	1
	Other (specify)		1200.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Paul E. LaCasse, , DO Mailing Address 6520 Commerce Road			Date of Receipt
				06 29 2006
	City	State	Zip Code	Transaction ID: 12677160
	West Bloomfield	MI	48324-2714	Amount of Each Receipt this Period
	FEC ID number of contributing	С		300.00
	federal political committee.			
	Name of Employer Botsford General Hospital	Occupation		
			& Chief Executive Officer	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	□ Other (Speelly) ♥		0 0 0 0 0 0 0	1
,	UBTOTAL of Receipts This Page (optional)			1925.00
\vdash	ODITION OF THEOERIES THIS Page (Optional)			
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 131 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
A .	Full Name (Last, First, Middle Initial) Mr. Thomas D Kaufman Mailing Address 23388 190th Avenue			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12677178
	Hersey	MI	49639-9600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Spectrum Health-Reed City Campus		t and Chief Executive Officer	·
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Donald C Kooy			Date of Receipt
	Mailing Address 401 South Ballenger Hig	•	7.0.1	06 29 7 2006
	City Flint	State MI	Zip Code 48532-3638	Transaction ID: 12677204
	FEC ID number of contributing federal political committee.	C	40332-3030	Amount of Each Receipt this Period 500.00
	Name of Employer McLaren Regional Medical Center		t and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
 Э.	Full Name (Last, First, Middle Initial) Mr. Elliot Joseph			Date of Receipt
	Mailing Address 731 S. Bates			06 / 29 / 4 7 4 7 4
	City Birmingham	State MI	Zip Code 48009-1955	Transaction ID: 12677211 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000 1000	500.00
	Name of Employer St. John Health	Occupation Health Ca	n are Executive	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
	OTAL This Period (last page this line number or	ah A		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 49 / 131
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	LIVIIZED NEOEII 13		Detailed Summary Page	X 11a 11b	11c 12
Δ.,	winformation assign from such Departs and St	atamanta ma	, not be cold or used by any navor	13 14	15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to s	solicit contributions from su	ig contributions ich committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
Α.	Mr. John F. Lang			Date of Receipt	
	Mailing Address 3392 Hidden Ridge Driv	/e		06 29	2006
	City	State	Zip Code	Transaction ID: 126	
	Dewitt	MI	48820-8767	Amount of Each Rece	
	FEC ID number of contributing			7 induit of Edon Neoc	
	federal political committee.	C			500.00
	Name of Employer MHA Insurance Company	Occupation			
	Receipt For:		sident, Treasurer & CFO • Year-to-Date ▼	_	
	Primary General	Aggregate	r rear-to-Date ▼		
	Other (specify)		500.00		
			0 0 0 0 0 0 0		
	Full Name (Last, First, Middle Initial)				
В.	Mr. Wayne P Hellerstedt			Date of Receipt	
	Mailing Address 502 West Harrie Street			0 6 2 9	2006
	City	Ctoto	Zip Code		
	City	State MI	·	Transaction ID: 126	
	Newberry	IVII	49868-1209	Amount of Each Rece	apt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Helen Newberry Joy Hospit-	Occupation			
	al		rator and Chief Executive Off	i =	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		250.00		
	Other (specify)	-			
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Paul B. Lerg			Date of Receipt	
	Mailing Address 350 Red Tailed Hawk			M M / D D /	YYYY
	P.O. Box 332	01-1-	7'- 0-4-	06 29	2006
	City Grayling	State	Zip Code	Transaction ID: 126	
		MI	49738-8787	Amount of Each Rece	apt this Period
	FEC ID number of contributing federal political committee.	C			500.00
rederal political committee.					
	Name of Employer Mercy Hospital Grayling		า		
Receipt For:		Trustee			
		Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼			500.00		
	Other (specify)				
s	UBTOTAL of Receipts This Page (optional)		1250.00		
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T	OTAL This Period (last page this line number o	only)	>		

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 50 / 131
		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Summary Fage	13 14 15 16 17
Any information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Dr. Rolland Mambourg			Date of Receipt
Mailing Address 1690 Waterside Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 12677290
Ann Arbor	MI	48108-8578	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Saint Joseph Mercy Health	Occupation Vice Pres	n sident, Physician Services, C	
System Receipt For:		e Year-to-Date ▼	<u>~~</u>
Primary General	39 - 3		1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Mr. David L. Marcellino			Date of Receipt
Mailing Address 41511 Thoreau Ridge	06 29 7 2006		
City	State	Zip Code	Transaction ID: 12677295
<u>Novi</u>	MI	48377-2853	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Botsford General Hospital	Occupation	n e Vice President & CFO	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		050.00	1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Mr. Kenneth J Matzick			Date of Receipt
Mailing Address 3601 West Thirteen Mile	e Road		06 29 7 2006
City	State	Zip Code	Transaction ID: 12677314
Royal Oak	MI	48073-6769	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer William Beaumont Hospitals	Occupation Presiden	n t and Chief Executive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		500.00	1
Other (specify)	0 0		
SUBTOTAL of Receipts This Page (optional)			1000.00
TOTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 51 / 131
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			2 otaliou Guillina, i ago	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas R Lemon			Date of Receipt
	Mailing Address 825 North Center Stree	t		06 29 2006
	City	State	Zip Code	Transaction ID: 12677337
	Gaylord	MI	49735-1592	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Otsego Memorial Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Marilyn Litka-Klein			Date of Receipt
Ь.	Mailing Address 16930 Pine Hollow Driv			-
	Mailing Address 16930 Pine Hollow Dity	е		06 29 2006
	City	State	Zip Code	Transaction ID: 12677338
	East Lansing	MI	48823-9664	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer	Occupation	 1	
	Name of Employer Michigan Health & Hospital Association		tor, Health Finance	
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	500.00	
_	Full Name (Last, First, Middle Initial)			
C.	Ms. Tammy Lundstrom, MD			Date of Receipt
	Mailing Address 30220 Leemoor			06 29 2006
	City	State	Zip Code	Transaction ID: 12677342
	Beverly Hills	MI	48025-4911	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	 1	\dashv
	Name of Employer Detroit Medical Center	Medical [
	Receipt For:		e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
				1000.00
s	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash			<u>·</u>	-

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 52/131		
	•	Use separate schedule(s) or each category of the		(check only one)		
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12		
			2 ottailed Carrinially 1 age	13 14 15 16 17		
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any person	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Ms. Norma R Hagenow, R.N.			Date of Receipt		
	Mailing Address One Genesys Parkway			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 12677379		
	Grand Blanc	MI	48439-8065	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		500.00		
	Name of Employer Genesys Regional Medical	Occupation President	n t and Chief Executive Office			
	Center Receipt For:		Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼		500.00			
_	Full Name (Lant. First. Addulla Latter)					
В.	Full Name (Last, First, Middle Initial) Mr. Robert Milewski			Date of Receipt		
		ng Address 1000 Harrington Boulevard				
		06 29 2006				
	City	State	Zip Code	Transaction ID: 12677392		
	Mount Clemens	MI	48043-2920	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		500.00		
	federal political committee.	<u> </u>				
	Name of Employer	Occupation	1			
	Mount Clemens General Hos- pital	President	t and Chief Executive Office	r		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	, ,	500.00	1		
	Other (specify)	0 0		1		
_	Full Name (Last, First, Middle Initial)			Date of Respirat		
U.	Mr. Thomas C Mroczkowski Mailing Address 416 Connable Avenue			Date of Receipt		
	416 Connable Avenue			06 29 2006		
	City	State	Zip Code	Transaction ID: 12677400		
	Petoskey	MI	49770-2212	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	C		255.55		
	Name of Employer Northern Michigan Regional	Occupation				
	Health Syst		and Chief Executive Office	<u>r</u>		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	, ,	250.00			
	Other (specify)	0 0		1		
s	UBTOTAL of Receipts This Page (optional)			1250.00		
Г			<u> </u>			
т	OTAL This Period (last page this line number of	only)				

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 53 / 131
			Use separate schedule(s) or each category of the	(check only one)
111	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stator commercial purposes, other than using the national states.	tements may ame and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mrs. Tracy Muscat			Date of Receipt
	Mailing Address 29165 Summerwood Co	urt		06 / 29 / 4 2006
	City	State	Zip Code	Transaction ID: 12677406
	Farmington Hills	MI	48334-3047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer St. Joseph Mercy Oakland	Occupation Vice Pres	n sident, Fund Development	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Patrick Murtha			Date of Receipt
	Mailing Address P O Box 659			06 29 7 2006
	City	State	Zip Code	Transaction ID: 12677411
	Tawas City	MI	48764-0659	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Joseph Health System	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, ,	500.00	
	☐ Other (specify) ▼	0 0		
Э.	Full Name (Last, First, Middle Initial) Ms. Nancy McKeague			Date of Receipt
	Mailing Address 952 Roxburgh Avenue			06 29 7 2006
	City	State	Zip Code	Transaction ID: 12677473
	East Lansing	MI	48823-3131	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Michigan Health & Hospital	Occupation		7
	Association	L	ce President	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		750.00	
	Other (specify) ▼	0 0		
SI	JBTOTAL of Receipts This Page (optional)			1500.00
т	OTAL This Period (last page this line number or	ılv)		

9	COUEDINE A /EEC Form 2V)			FOR LINE NUMBER: PAGE 54 / 131
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and St	atements may	y not be sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	Timonoan Tioophan Tioobolanon Tiro			
_	Full Name (Last, First, Middle Initial)			
A.	Mr. Brian Peters			Date of Receipt
	Mailing Address 3051 Crofton Dr.			M M / D D / Y Y Y Y
	-			06 29 2006
	City	State	Zip Code	Transaction ID: 12677485
	Dewitt	MI	48820-7770	Amount of Each Receipt this Period
	FEC ID number of contributing	С		750.00
	federal political committee.			750.00
	Name of Employer	Occupation	2	_
	Michigan Health & Hospital		ce President, Advocacy	
	Association Receipt For:		Year-to-Date ▼	
	Primary General	riggregate	real to Bate V	
	Other (specify)		750.00	
		0 0	0 0 0 0 0 0 0	_
_	Full Name (Last, First, Middle Initial)			
В.	Mr. Philip H McCorkle, Jr.			Date of Receipt
	Mailing Address 200 Jefferson Avenue S	M M / D D / Y Y Y Y		
			06 29 2006	
	City	State	Zip Code	Transaction ID: 12677518
	Grand Rapids	MI	49503-4502	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer	Occupation	2	
	Name of Employer Saint Mary's Health Care		t and Chief Executive Office	or .
	Receipt For:		Year-to-Date ▼	
	Primary General	7.99.094.0	Toda to Bate V	
	Other (specify)		500.00	
			0 0 0 0 0 0 0	_
_	Full Name (Last, First, Middle Initial)			
C.				Date of Receipt
	Mailing Address 45989 Tournament Driv	/e		M M / D D / Y Y Y Y
				06 29 2006
	City	State	Zip Code	Transaction ID: 12677532
	Northville	MI	48167-9633	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation	 1	\dashv
	Henry Ford Health System Chi		erating Officer	
			e Year-to-Date ▼	
	Primary General			
Other (specify) ▼			250.00	
	•			
s	UBTOTAL of Receipts This Page (optional)	1500.00		
H	1			
т	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 55 /	131
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16	17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contribution solicit contributions from such committee	IS).
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Ms. Andrea R. Price, , FACHE			Date of Receipt	
	Mailing Address 1105 South Drive			06 29 200	
	City	State	Zip Code	Transaction ID: 12677551	
	Flint	MI	48503-4754	Amount of Each Receipt this Period	t
	FEC ID number of contributing federal political committee.	С		375.	00
	Name of Employer Sparrow Health System	Occupation Administr			
	Receipt For:		Year-to-Date ▼		
	Primary General		375.00		
	Other (specify) 🔻	0 0	373.00		
3.	Full Name (Last, First, Middle Initial) Ms. Diane M. Radloff			Date of Receipt	
	Mailing Address 3211 Governors Lane	06 / 29 / 200			
	City	State	Zip Code	Transaction ID: 12677570	
	Commerce Township	MI	48390-1233	Amount of Each Receipt this Period	t
	FEC ID number of contributing federal political committee.	C		425.	00
	Name of Employer Providence Hospital and	Occupation	า		
	Medical Center	Administ	••••		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify) ▼		425.00		
).	Full Name (Last, First, Middle Initial) Ms. Nancy M Schlichting			Date of Receipt	
	Mailing Address One Ford Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 12677584	
	Detroit	MI	48202-3450	Amount of Each Receipt this Period	t
	FEC ID number of contributing federal political committee.	C		500.	00
	Name of Employer Henry Ford Health System	Occupation President	n t and Chief Executive Office		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) ▼		300.00		
s	UBTOTAL of Receipts This Page (optional)			1300.	00
_	OTAL This Period (last page this line number of	alv)			
•	VIAL THIS I CHOO (last page this line hulliber of	"y)	······		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 131
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	itements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			_
Full Name (Last, First, Middle Initial) Mr. David Seaman			Date of Receipt
Mailing Address 805 Ledge Moor Blvd.			06 29 7 2006
City	State	Zip Code	Transaction ID: 12677597
Grand Ledge	MI	48837-2037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer Michigan Health & Hospital	Occupation	e Vice President	
Association Receipt For:		Year-to-Date ▼	-
Primary General Other (specify)		750.00	
Full Name (Last, First, Middle Initial)			1
Mr. Frank J Sardone			Date of Receipt
Mailing Address One Healthcare Plaza			06 / 29 / 4 2006
City	State	Zip Code	Transaction ID: 12677624
Kalamazoo	MI	49007-5339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Bronson Healthcare Group,	Occupation		
Inc. Receipt For:		t and Chief Executive Officer Year-to-Date V	<u>-</u>
Primary General	riggiogaic		1
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Mrs. Elizabeth S. Schnettler			Date of Receipt
Mailing Address 9120 Port Austin Road			06 29 7 2006
City	State	Zip Code	Transaction ID: 12677642
Bay Port	MI	48720-9770	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Hospital Council of East	Occupation		7
Central Michi	President	-	_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify)	0 0	300.00	
SUBTOTAL of Receipts This Page (optional)			1550.00
TOTAL This Period (last page this line number or	alv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 57 / 131 (check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Sue Reinoehl			Date of Receipt
	Mailing Address 6778 Brickleton Court			06 29 2006
	City	State	Zip Code	Transaction ID: 12677658
	Portage	MI	49024-9000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bronson Healthcare Group, Inc.	Occupation Vice Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. James J Sexton			Date of Receipt
	Mailing Address 2333 Biddle Avenue			0 6 2 9 2 0 0 6
	City	State	Zip Code	Transaction ID: 12677715
	Wyandotte	MI	48192-4668	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Henry Ford Wyandotte Hosp- ital	Occupation President	and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Joseph M Tasse			Date of Receipt
Mailing Address 7733 East Jefferson Avenue				06 29 2006
	City	State	Zip Code	Transaction ID: 12677725
	Detroit	MI	48214-3707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. John Detroit Riverview Hospital -	Occupation President	n and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	UBTOTAL of Receipts This Page (optional)			750.00
_				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 131 (check only one) X 11a 11b 11c 12		
			Detailed Suffilliary Fage	13 14 15 16 17		
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.		
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC					
A.	Full Name (Last, First, Middle Initial) Mr. Dennis A. Swan Mailing Address 3741 Chippendale			Date of Receipt		
		0	7.0.1	06 29 2006		
	City Okemos	State MI	Zip Code 48864-3861	Transaction ID: 12677737 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	10001 0001	500.00		
	Name of Employer Sparrow Health System	Occupation President				
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00			
3.	Full Name (Last, First, Middle Initial) Ms. Karol Wareck			Date of Receipt		
	Mailing Address 8383 Timpson Ave. SE			06 29 2006		
	City	State	Zip Code	Transaction ID: 12677751		
	Alto	MI	49302-9659	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Michigan Health & Hospital	Occupation	n g Director			
	Association Receipt For:		e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	250.00			
	Full Name (Last, First, Middle Initial) Mr. Allen D. Tucker, Jr.			Date of Receipt		
	Mailing Address 10302 Greenbrier Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 12677754		
	Brighton	MI	48114-8996	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		375.00		
	Name of Employer Genesys Health System	Occupation Chief Op	n erating Officer			
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 375.00			
-	SUBTOTAL of Receipts This Page (optional)					
S	JBTOTAL of Receipts This Page (optional)			1125.00		

20	HEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 5	9 / 131
			Use separate schedule(s)	(check only one)	
ITE	MIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c	12
			Detailed Guillinary Fage	13 14 15	16 🔲 17
Any	information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contribu	tions
or fo	or commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such commit	itee.
1 /	NAME OF COMMITTEE (In Full)				
<i>)</i> '	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial) Mr. Jerry Welsh			Date of Receipt	
Ī	Mailing Address 6240 Knoll Drive				0 0 6
(City	State	Zip Code	Transaction ID: 12677769	
1	Middleville	MI	49333-9112	Amount of Each Receipt this Pe	riod
	FEC ID number of contributing ederal political committee.	C		25	50.00
	Name of Employer Hospital Purchasing Servi-	Occupation President			
	ce Receipt For:		Year-to-Date ▼		
	Primary General	33 -3			
	Other (specify) ▼		250.00		
	Full Name (Last, First, Middle Initial) Mr. Jack Weiner			Date of Receipt	
ľ	Mailing Address 44405 Woodward Aven	ue		0 0 6	
(City State Zip Code			Transaction ID: 12677779	
<u> </u>	Pontiac	MI	48341-5023	Amount of Each Receipt this Pe	riod
	FEC ID number of contributing	С		50	00.00
f	ederal political committee.				30.00
1	Name of Employer	Occupation	1		
;	St. Joseph Mercy Oakland	President	t and Chief Executive Office		
F	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) ▼		000.00		
_	Full Name (Last, First, Middle Initial) Mr. Wayne T. Zack			Date of Receipt	
ľ	Mailing Address 3243 Hulett Rd.				0 0 6
(City	State	Zip Code	Transaction ID: 12677853	
	Mason	MI	48854-9417	Amount of Each Receipt this Pe	riod
-	FEC ID number of contributing		1 1 1 1 1 1		50.00
	ederal political committee.	C		25	50.00
1	Name of Employer MHA Insurance Company	Occupation Sr. Direct	n tor of Claims		
F	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify) ▼		250.00		
SU	BTOTAL of Receipts This Page (optional)		······	100	00.00
			<u> </u>		
TO	TAL This Period (last page this line number o	nly))		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 131			
ΙT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12			
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions			
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
/	American Hospital Association PAC						
۹.	Full Name (Last, First, Middle Initial) Mr. Steve Barnett			Date of Receipt			
	Mailing Address 210 South First Street			06 29 2006			
	City	State	Zip Code	Transaction ID: 12677875			
	Harbor Beach	MI	48441-1236	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Harbor Beach Community Ho-	Occupation	n ecutive Officer				
	spital Receipt For:		e Year-to-Date ▼				
	Primary General		250.00	1			
	Other (specify)		250.00				
3.	Full Name (Last, First, Middle Initial) Mr. Anthony A Armada			Date of Receipt			
	Mailing Address 2799 West Grand Boule	06 29 2006					
	City	State	Zip Code	Transaction ID: 12677909			
	Detroit	MI	48202-2608	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Henry Ford Hospital	Occupation President	n t and Chief Executive Office				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		250.00	1			
	Other (specify)	0 0					
Э.	Full Name (Last, First, Middle Initial) Mr. Clark Ballard			Date of Receipt			
	Mailing Address 1601 Willoughby Road			06 29 2006			
	City	State	Zip Code	Transaction ID: 12677919			
	Mason	MI	48854-9435	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		750.00			
	Name of Employer Michigan Health & Hospital	Occupation		7			
	Association	· · · · · · · · · · · · · · · · · · ·	ce President				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,			
	Other (specify) ▼		750.00				
s	SUBTOTAL of Receipts This Page (optional)						
T	OTAL This Period (last page this line number or	nly)					

PAGE 61 / 131 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** <u>|</u>17 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Date of Receipt Mr. Richard C Breon Mailing Address 100 Michigan Street NE 06 2006 29 Zip Code City State Transaction ID: 12677957 **Grand Rapids** MI 49503-2560 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Spectrum Health Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Kevin Cawley Date of Receipt Mailing Address 11803 Silverspring Dr. 0 6 29 2006 City Zip Code Transaction ID: 12677968 State **Dewitt** MI 48820-7731 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Sheridan Community Hospit-Occupation Chief Executive Officer Receipt For: Aggregate Year-to-Date V Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Brian M Connolly Date of Receipt Mailing Address 1221 Pine Grove Avenue 2006 06 29 Citv State Zip Code Transaction ID: 12677982 Port Huron MI 48060-3511 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Blue Water Health Services Occupation President and Chief Executive Officer Corporation Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 / 131
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12
۸۰	y information copied from such Reports and S	totomonto mo	, not be cold or used by any nore	13 14 15 16 17
or	for commercial purposes, other than using the	name and add	dress of any political committee to	or for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Roger Spoelman			Date of Receipt
	Mailing Address 1500 East Sherman Bo	oulevard		06 29 7 2006
	City	State	Zip Code	Transaction ID: 12678026
	Muskegon	MI	49444-1849	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mercy General Health Part- ners	Occupation President	n t and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	, ,	500.00	7
	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial) Mr. Mark R Taylor			Date of Receipt
	Mailing Address 22101 Moross Road			06 29 2006
	City	State	Zip Code	Transaction ID: 12678050
	•	MI	•	
	Dellon		48236-2148	I Amount of Each Receipt this Period
	Detroit FEC ID number of contributing		48236-2148	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	48230-2148	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee.	С		
	FEC ID number of contributing federal political committee. Name of Employer St. John Hospital and Med-		1	
	FEC ID number of contributing federal political committee.	Occupation Presiden	1	
	FEC ID number of contributing federal political committee. Name of Employer St. John Hospital and Medical Center Receipt For: Primary General	Occupation Presiden	n t Year-to-Date ▼	
	FEC ID number of contributing federal political committee. Name of Employer St. John Hospital and Medical Center Receipt For: Primary General Other (specify)	Occupation Presiden	n	
	FEC ID number of contributing federal political committee. Name of Employer St. John Hospital and Medical Center Receipt For: Primary General	Occupation Presiden	n t Year-to-Date ▼	
	FEC ID number of contributing federal political committee. Name of Employer St. John Hospital and Medical Center Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation President Aggregate	n t Year-to-Date ▼	Date of Receipt
c.	FEC ID number of contributing federal political committee. Name of Employer St. John Hospital and Medical Center Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Robert Casalou Mailing Address 26462 Glenwood Drive	Occupation President Aggregate	n t Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee. Name of Employer St. John Hospital and Medical Center Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Robert Casalou Mailing Address 26462 Glenwood Drive	Occupation President Aggregate	Presented To Service	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee. Name of Employer St. John Hospital and Medical Center Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Robert Casalou Mailing Address 26462 Glenwood Drive City Novi	Occupation President Aggregate	n t Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee. Name of Employer St. John Hospital and Medical Center Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Robert Casalou Mailing Address 26462 Glenwood Drive City Novi FEC ID number of contributing federal political committee.	Occupation President Aggregate State MI	Zip Code 48374-2140	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee. Name of Employer St. John Hospital and Medical Center Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Robert Casalou Mailing Address 26462 Glenwood Drive City Novi FEC ID number of contributing federal political committee. Name of Employer Providence Park Hospital	Occupation President Aggregate State MI C	Tip Code 48374-2140	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee. Name of Employer St. John Hospital and Medical Center Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Robert Casalou Mailing Address 26462 Glenwood Drive City Novi FEC ID number of contributing federal political committee. Name of Employer Providence Park Hospital and Medical C	Occupation President Aggregate State MI C Occupation President	Zip Code 48374-2140	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee. Name of Employer St. John Hospital and Medical Center Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Robert Casalou Mailing Address 26462 Glenwood Drive City Novi FEC ID number of contributing federal political committee. Name of Employer Providence Park Hospital	Occupation President Aggregate State MI C Occupation President	Zip Code 48374-2140 2 Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee. Name of Employer St. John Hospital and Medical Center Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Robert Casalou Mailing Address 26462 Glenwood Drive City Novi FEC ID number of contributing federal political committee. Name of Employer Providence Park Hospital and Medical C Receipt For:	Occupation President Aggregate State MI C Occupation President	Zip Code 48374-2140	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee. Name of Employer St. John Hospital and Medical Center Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Robert Casalou Mailing Address 26462 Glenwood Drive City Novi FEC ID number of contributing federal political committee. Name of Employer Providence Park Hospital and Medical C Receipt For: Primary General	Occupation President Aggregate State MI C Occupation President	Zip Code 48374-2140 2 Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer St. John Hospital and Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Robert Casalou Mailing Address 26462 Glenwood Drive City Novi FEC ID number of contributing federal political committee. Name of Employer Providence Park Hospital and Medical C Receipt For: Primary General Other (specify) ▼	C Occupation President Aggregate MI C Occupation President Aggregate Aggregate	Zip Code 48374-2140 250.00 Zip Code 48374-2140 375.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer St. John Hospital and Medical Center Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Robert Casalou Mailing Address 26462 Glenwood Drive City Novi FEC ID number of contributing federal political committee. Name of Employer Providence Park Hospital and Medical C Receipt For: Primary General	C Occupation President Aggregate MI C Occupation President Aggregate Aggregate	Zip Code 48374-2140 250.00 Zip Code 48374-2140 375.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 63 / 131
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Mark B. Carter			Date of Receipt
	Mailing Address 200 Abraham Flexner W			06 28 2006
	City	State	Zip Code	Transaction ID: 12681115
	Louisville	KY	40202-1818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Jewish Hospital & St. Mar- y's HealthCar	Occupation Sr. Vice I	n President and Chief Financia	al
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		600.00	7
	Other (specify) ▼		000.00	
3.	Full Name (Last, First, Middle Initial) Mr. Greg Kiser			Date of Receipt
	Mailing Address P O Box 769			06 28 2006
	City	State	Zip Code	Transaction ID: 12681116
	Louisa	KY	41230-0769	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		600.00
	Name of Employer Three Rivers Medical Cent- er	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		600.00	7
	Other (specify) ▼	0 0	000.00	
Э.	Full Name (Last, First, Middle Initial) Ms. Barbara Cunningham			Date of Receipt
	Mailing Address One Medical Village Driv	/e		06 28 2006
	City	State	Zip Code	Transaction ID: 12681117
	Edgewood	KY	41017-3403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer St. Elizabeth Medical Cen-	Occupation	n	
	ter-Grant Cou	Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	
	Other (specify) ▼	0 0		
S	UBTOTAL of Receipts This Page (optional)			1500.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 64 / 131
	EMIZED RECEIPTS		or each category of the	(check only one)
11	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
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An	y information copied from such Reports and State	ements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\	American Hospital Association PAC			
/	7 in on our Proopher 7 iooooletion 1710			
_	Full Name (Last, First, Middle Initial)			
۹.	Mr. Robert Prichard			Date of Receipt
	Mailing Address 222 Ft. Mitchell Avenue			M M / D D / Y Y Y Y
	ZZZ I (. WIITOTICII / WOTIGO			06 28 2006
	City	State	Zip Code	Transaction ID: 12681118
	Ft Mitchell	KY	41011-2623	Amount of Each Receipt this Period
		111	41011-2023	Amount of Each Necelpt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			
	Name of Employer	Occupation	n	\dashv
	Name of Employer St. Elizabeth Medical Cen-	Vice Pres		
	ter-Grant Cou Receipt For:		e Year-to-Date ▼	_
		Aggregate	e Year-to-Date V	
	Primary General	' '	500.00	
	Other (specify)			
,	Full Name (Last, First, Middle Initial)			Date of Boordal
3.	Mr. Andrew Patterson			Date of Receipt
	Mailing Address 80 Highland Street			06 28 2006
			7: 0 1	
	City	State	Zip Code	Transaction ID: 12681128
	Laconia	NH	03246-3235	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			250.00
	Name of Franksia	0 1'		-
	Name of Employer LRGhealthcare	Occupation		
			Contracting & Corp. Complia	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		200.00	
•	Full Name (Last, First, Middle Initial)			Date of Descript
٠.	Mr. Thomas Clairmont			Date of Receipt
	Mailing Address 80 Highland Street			06 28 2006
	City	State	Zip Code	
	•		•	Transaction ID: 12681129
	Laconia	NH	03246-3235	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.	9		
	Name of Employer	Occupation	n	┥
	Name of Employer LRG Healthcare	Presiden		
	Receipt For:		Year-to-Date ▼	-
	Primary General	riggrogate	Tour to Date ¥	
	Other (specify)	' '	500.00	
			0 0 0 0 0 0 0	
0	UBTOTAL of Receipts This Page (optional)			1250.00
	ODITIAL OF RECEIPTS THIS FAGE (OPTIONAL)		······	
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- 1 '	OTAL This Period (last page this line number onl	y)	······································	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 131 (check only one) X 11a 11b 11c 12
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Paul Gardent Mailing Address One Medical Center Driv			Date of Receipt
	Mailing Address One Medical Center Driv	/e		06 28 2006
	City	State	Zip Code	Transaction ID: 12681130
	Lebanon	NH	03756-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dartmouth-Hitchcock Medic-	Occupation	n e Vice President	
	al Center Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Ms. Marlene J Krein			Date of Receipt
	Mailing Address 1031 Seventh Street NE			06 28 2006
	City	State	Zip Code	Transaction ID: 12681151
	Devils Lake	ND	58301-2719	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Mercy Hospital	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General Other (specify) ▼		1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Walter Ettinger, M.D.			Date of Receipt
	Mailing Address 119 Belmont Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12681160
	Worcester	MA	01605-2903	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UMass Memorial Medical Ce- nter	1	t and Chief Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
т.	OTAL This Period (last page this line number or	nlv)		

COUEDING A (FEC Form OV)				FOR LINE NUMBER: PAGE 66 / 131
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Λ.	we information against from such Departs and Ct	otomonto mo	, not be cold or upod by ony nore	
or	ny information copied from such Reports and Sta for commercial purposes, other than using the i	name and add	dress of any political committee to	osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Richard P. de Filippi, Ph.D.			Date of Receipt
	Mailing Address 189 Upland Road			06 28 2006
	City	State	Zip Code	Transaction ID: 12681161
	Cambridge	MA	02140-3604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Cambridge Health Alliance	Occupation Trustee	ı	7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	111		7
	Other (specify) ▼		250.00	
				·
В.	Full Name (Last, First, Middle Initial) Mr. John Hanshaw			Date of Receipt
	Mailing Address 1200 East 3900 South			M M / D D / Y Y Y Y
		06 28 2006		
	City	State	Zip Code	Transaction ID: 12681162
	Salt Lake City	UT	84124-1390	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	С		1000.00
	Name of Employer	Occupation	2	\dashv
	Name of Employer St. Mark's Hospital		ecutive Officer	
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	riggrogato	Tour to Bate V	7
	Other (specify) ▼		1000.00	
				-
C.	Full Name (Last, First, Middle Initial) Mr. Richard Slusky			Date of Receipt
	Mailing Address 289 County Road			M M / D D / Y Y Y Y
				06 28 2006
	City	State	Zip Code	Transaction ID: 12681165
	Windsor	VT	05089-9702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	<u> </u>	7
	Mt. Ascutney Hospital and Health Cente		ecutive Officer	
	Receipt For:		e Year-to-Date ▼	7
	Primary General	-50		7
	Other (specify) ▼		500.00	
				-
6	UBTOTAL of Receipts This Page (optional)			1750.00
\vdash	ODITAL OF HOOSIPIS THIS Page (optional)	•••••		

SCHEDULE A (FEC Form 3X)		Lla a consueta a chardula (a)	FOR LINE NUMBER: PAGE 67 / 131
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Ms. Laura J. Redoutey, FACHE			Date of Receipt
Mailing Address 2520 Bretigne Circle			06 28 7 2006
City	State	Zip Code	Transaction ID: 12681219
Lincoln	NE	68512-2055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Nebraska Hospital Associa- tion	Occupation Presiden		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		500.00	1
Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) Mr. David R. Hewett			Date of Receipt
Mailing Address 5813 Tomar Road			06 26 7 2006
City	State	Zip Code	Transaction ID: 12681224
Sioux Falls	SD	57108-4661	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer South Dakota Assoc. of He- althcare Orga	Occupation President	n t & Chief Executive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	1
☐ Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Ms. Pamela J Rezac			Date of Receipt
Mailing Address 501 Summit Avenue			06 26 7 2006
City	State	Zip Code	Transaction ID: 12681227
Yankton	SD	57078-3855	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Avera Sacred Heart Hospit-	Occupation		7
<u>al</u>		t and Chief Executive Officer	·
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify)		250.00	
Culci (specily) V	0 0	0 0 0 0 0 0 0	
SUBTOTAL of Receipts This Page (optional)			1000.00
TOTAL This Period (last page this line number or	nly)		

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 68 / 131
	-		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. John T Porter			Date of Receipt
	Mailing Address P O Box 38			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12681228
	Yankton	SD	57078-0038	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Avera Health	Occupation President	n t and Chief Executive Officer	
	Receipt For:	1	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Suzanne Respess			Date of Receipt
	Mailing Address 1600 Seventh Avenue S	outh		M M / D D / Y Y Y Y
				06 26 2006
	City	State	Zip Code	Transaction ID: 12681272
	Birmingham	AL	35233-1785	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer Children's Hospital of Al-	Occupation	1	
	abama, The	Director (Government Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	250.00	1
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial)			Date of Descript
C.	Mr. Terry G Hoff Mailing Address P O Box 5020			Date of Receipt
	Mailing Address P O Box 5020			06 26 2006
	City	State	Zip Code	Transaction ID: 12681355
	Minot	ND	58702-5020	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	С		250.00
	Name of Employer Trinity Health	Occupation President		
	Receipt For:		Year-to-Date ▼	
	Primary General	35 0 11		1
	Other (specify)	1	250.00	
_				
	<u> </u>			
s	UBTOTAL of Receipts This Page (optional)			750.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	Check only one
Ar	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
Or	NAME OF COMMITTEE (In Full) American Hospital Association PAC	ame and add	ress or any political committee to	Solicit contributions from Such committee.
Α.	Full Name (Last, First, Middle Initial) Ms. Kathleen Hoeft Mailing Address P O Box 450			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Ashley	State ND	Zip Code 58413-0450	Transaction ID: 12681373 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	C	1	250.00
	Ashley Medical Center Receipt For: Primary General Other (specify)	Administ	rator and Chief Executive Of Pear-to-Date 250.00	<u>fi</u>
В.	Full Name (Last, First, Middle Initial) Ms. Barbara S Blevins Mailing Address P O Box 22993			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Knoxville	State TN	Zip Code	Transaction ID: 12682908
	FEC ID number of contributing federal political committee.	C	37933-0993	Amount of Each Receipt this Period 250.00
	Name of Employer Parkwest Medical Center Receipt For:		n t and Chief Administrative O e Year-to-Date ▼	if _
	Primary General Other (specify) ▼	93.03	250.00	
C.	Full Name (Last, First, Middle Initial) Ms. Linda Crawford Mailing Address 142 West 5th Street			Date of Receipt
	City	State	Zip Code	0 6 2 6 2 0 0 6 Transaction ID: 12682909
	Cookeville	TN	38501-1760	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Cookeville Regional Medic- al Center Receipt For: Primary General Other (specify)		n Administrator, Nursing Serv Year-to-Date ▼ 250.00	'i
s	UBTOTAL of Receipts This Page (optional)		·····	750.00
т	OTAL This Period (last page this line number on	ly)	>	

COUEDINE A (EEC Form 2V)				FOR LINE NUMBER: PAGE 70 / 131
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and St	atomonte may	not he sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	American Hospital Association FAC			
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Mr. Joseph M. Dawson			Date of Receipt
	Mailing Address 907 East Lamar Alexar	nder Pkwv		M M / D D / Y Y Y Y
		,		06 26 2006
	City	State	Zip Code	Transaction ID: 12682910
	Maryville	TN	37804-5016	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer Blount Memorial Hospital	Occupation		
	·	Administ		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)		1000.00	
В.	Full Name (Last, First, Middle Initial)			Data of Danaint
Ь.		aldia Dal		Date of Receipt
	Mailing Address 400 North State of Franklin Rd			06 26 2006
	City	State	Zip Code	Transaction ID: 12682911
	Johnson City	TN	37604-6094	
	•	111	37004-0094	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	rederal political committee.			
	Name of Employer Johnson City Medical Cent-	Occupation	n	7
	Johnson City Medical Cent- er	Senior Vi	ce President and Chief Fina	nd
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial)			1 5. (5).
C.	Mr. Thomas H Gee			Date of Receipt
	Mailing Address P O Box 1030			06 26 2006
	City	State	Zip Code	Transaction ID: 12682912
	Paris	TN	38242-1030	Amount of Each Receipt this Period
		111	30242 1000	Amount of Each fleedpt this Feriod
	FEC ID number of contributing federal political committee.	C		250.00
	Todorai pontioai dominitace.			
	Name of Employer	Occupation	n	
	Henry County Medical Cent- er	Administ	rator	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00] [
_				
				4==0.00
s	UBTOTAL of Receipts This Page (optional))	1750.00
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 71 / 131
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Gregg Gentry			Date of Receipt
	Mailing Address 975 East Third Street			06 26 2006
	City	State	Zip Code	Transaction ID: 12682913
	Chattanooga	TN	37403-2163	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Erlanger Medical Center	Occupation Chief Hur	n man Resources Officer	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Judy Ingala			Date of Receipt
	Mailing Address 1740 Nicholasville Road	b		06 26 Y Y Y Y Y Y
	City	State	Zip Code	
	Lexington	KY	40503-1499	Transaction ID: 12682914
		KI	40303-1499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Central Baptist Hospital	Occupation		
		-	nen's Children's Services	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	
	Cirier (specify)	0 0	0 0 0 0 0 0 0	J.
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Paul Korth			Date of Receipt
	Mailing Address P O Box 340			M M / D D / Y Y Y Y
				06 26 2006
	City	State	Zip Code	Transaction ID: 12682915
	Cookeville	TN	38503-0340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	1	
	Cookeville Regional Medic- al Center	Chief Fin	ancial Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	
				1000.00
s	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash			·	-

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 72 / 131
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
TI EIMIZED TIEGEII 10			Detailed Summary Page	X 11a 11b 11c 12
	., ., ., ., ., ., ., ., ., ., ., ., ., .			13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			_
A.	Full Name (Last, First, Middle Initial) Mr. Robert P Main			Date of Receipt
	Mailing Address One Siskin Plaza			06 26 7 2006
	City	State	Zip Code	Transaction ID: 12682916
	Chattanooga	TN	37403-1306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Siskin Hospital for Physi- cal Rehabilit	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Mr. Ken Marshall			Date of Receipt
	Mailing Address 400 North State Of Fra	nklin Road		06 26 2006
	City	State	Zip Code	Transaction ID: 12682917
	Johnson City	TN	37604-6035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mountain States Health Al- liance	Occupation Sr. Vice F	n President, Medical Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	230.00	
_	Full Name (Last, First, Middle Initial)			Data of Daggint
C.	Mr. Bernard L Mattingly Mailing Address P O Box 340			Date of Receipt
	Walling Address P O Box 340			06 26 2006
	City	State	Zip Code	Transaction ID: 12682918
	Cookeville	TN	38503-0340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
		10		_
	Name of Employer Cookeville Regional Medic- al Center	Occupation Chief Exe	n ecutive Officer	
<u>di Contoi</u>		Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			1750.00
\vdash	<u> </u>		•	
т	OTAL This Period (last page this line number of	only)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PA	GE 73 / 131
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c	12
			Detailed Guillinary Fage	13 14 15	16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting co	ontributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such of	committee.
\	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
٩.	Ms. Janice M. McKinley, RN, FACHE			Date of Receipt	
	Mailing Address 939 Vista Oaks Lane			M M / D D / Y	O O O C
	01.	01-1-	7's Osda	06 26	2006
	City	State	Zip Code	Transaction ID: 126829	
	Knoxville	TN	37919-4445	Amount of Each Receipt t	his Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Parkwest Medical Center	Occupation			
	Receipt For:		sident & Chief Nursing Office • Year-to-Date ▼		
	Primary General	Aggregate	r rear-to-date V	,	
	Other (specify)		250.00		
	care (epecas), •	0 0	0 0 0 0 0 0 0	1	
3.	Full Name (Last, First, Middle Initial) Mr. John W. Melton			Date of Receipt	
	Mailing Address 400 N State of Franklin			M M / D D / Y	YYY
				06 26	2006
	City	State	Zip Code	Transaction ID: 126829	20
	Johnson City	TN	37604-6035	Amount of Each Receipt t	his Period
	FEC ID number of contributing	С			250.00
	federal political committee.	<u> </u>			200.00
	Name of Employer	Occupation	 n	-	
	Mountain States Health Al- liance		ce President		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify)		250.00		
_	Full Name (Last, First, Middle Initial) Mr. Robert Otwell			Date of Receipt	
٠.	Mailing Address 1224 Trotwood Avenue			M M / D D / Y	YYY
	1224 Holwood Avenue			06 26	2006
	City	State	Zip Code	Transaction ID: 126829	21
	Columbia	TN	38401-4802	Amount of Each Receipt t	his Period
	FEC ID number of contributing			1 1 1 1 1	250.00
	federal political committee.	C			250.00
	Name of Employer	Occupation	<u> </u>	\dashv	
	Maury Regional Hospital		ecutive Officer		
	Receipt For:		Year-to-Date ▼	1	
	Primary General	33 -3		1	
	Other (specify) ▼	1	250.00		
			•		
					750.66
S	UBTOTAL of Receipts This Page (optional)				750.00
			<u> </u>		
T	OTAL This Period (last page this line number or	nly))		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 74 / 131
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Byron Quinton			Date of Receipt
	Mailing Address PO Box 580			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12682922
	Waynesboro	TN	38485-0580	Amount of Each Receipt this Period
	•			
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Wayne Medical Center	Occupation Administ		
	Receipt For:	1	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Anthony L Spezia			Date of Receipt
	Mailing Address 100 Fort Sanders West	Blvd		M M / D D / Y Y Y Y
	a g a a a root on oanasis troot	5.74		06 26 2006
	City	State	Zip Code	Transaction ID: 12682923
	Knoxville	TN	37922-3353	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Covenant Health	Occupation Presiden	n t and Chief Executive Office	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Mr. Dennis Vonderfecht			Date of Receipt
	Mailing Address 701 N State of Franklin,	Ste 1		06 26 2006
	City	State	Zip Code	Transaction ID: 12682924
	Johnson City	TN	37604-3645	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		1000.00
	Name of Employer Mountain States Health Al-	Occupation		
	liance	1	t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify)		1000.00	
s	UBTOTAL of Receipts This Page (optional)			1750.00
т.	OTAL This Period (last page this line number or	nlv)		
•			······································	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 75 / 131
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. William R Walter			Date of Receipt
	Mailing Address 1224 Trotwood Avenue			06 26 7 2006
	City	State	Zip Code	Transaction ID: 12682925
	Columbia	TN	38401-4802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Maury Regional Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Charles H Whitfield, Jr.			Date of Receipt
	Mailing Address 1420 Tusculum Bouleva	ırd		06 / 26 / 4 2006
	City	State	Zip Code	Transaction ID: 12682926
	Greeneville	TN	37745-5825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Laughlin Memorial Hospital	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Mr. Gary Herbek			Date of Receipt
	Mailing Address 14249 Clubhouse Road			06 26 7 2006
	City	State	Zip Code	Transaction ID: 12687134
	Gainesville	VA	20155-2862	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Prince William Hospital	Occupation Chief Op	n erating Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
S	UBTOTAL of Receipts This Page (optional)			1500.00
т,	OTAL This Period (last page this line number or	nlv)		
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2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 76 / 131
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Garrinally Fage	13 14	15 16 17
An	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of solicit	ing contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from s	such committee.
\	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
۹.	Mr. J. Andrew Byrd			Date of Receipt	
	Mailing Address 9263 Fawnlily Court			0 6 2 6	2006
	City	State	Zip Code	Transaction ID: 12	
	Manassas	VA	20110-6082	Amount of Each Red	
	FEC ID number of contributing		20.10 0002	7 tillount of Euch Hot	
	federal political committee.	C			250.00
	Name of Employer Prince William Hospital	Occupation			
		Administ			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		250.00		
				4	
3.	Full Name (Last, First, Middle Initial) Mr. Michael J Schwartz			Date of Receipt	
	Mailing Address P O Box 2610			M M / D D	/ Y Y Y Y
				06 26	2006
	City	State	Zip Code	Transaction ID: 12	687138
	Manassas	VA	20108-0867	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer	Occupation	 n		
	Name of Employer Prince William Hospital	Presiden	t and Chief Executive Office	r	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	1 1	250.00	1	
	Other (specify) ▼		250.00		
•	Full Name (Last, First, Middle Initial) Mr. Alan Chapman			Date of Receipt	
٠.	Mailing Address 330 Greens Edge Drive			M M / D D	/ Y Y Y Y
				06 26	2006
	City	State	Zip Code	Transaction ID: 12	687150
	Chesapeake	VA	23322-8078	Amount of Each Red	ceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				200.00
	Name of Employer Bon Secours-DePaul Medical	Occupation	n		
	Bon Secours-DePaul Medical Center	Chief Fin	ancial Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify)		250.00		
SI	JBTOTAL of Receipts This Page (optional)				750.00
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T	OTAL This Period (last page this line number o	nly)			

0	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 77 / 131
3	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
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or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Eleanor F Bradshaw			Date of Receipt
	Mailing Address 1309 Kempsville Road			06 26 2006
	City	State	Zip Code	Transaction ID: 12687154
	Norfolk	VA	23502-2286	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lake Taylor Transitional Care Hospital Receipt For: Primary General Other (specify) ▼		n Development and Governme Year-to-Date ▼ 250.00	ent Re
В.	Full Name (Last, First, Middle Initial) Mr. Patrick Noland			Date of Receipt
	Mailing Address 292 Hunters Ridge Roa	0 6 2 6 2 0 0 6		
	City	State	Zip Code	Transaction ID: 12687155
	Winchester	VA	22602-6801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Warren Memorial Hospital	Occupation President		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Christopher Mosley			Date of Receipt
	Mailing Address 1366 Simon Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12687156
	Chesapeake	VA	23320-7668	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Chesapeake General Hospit- al	Occupation President		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
s	UBTOTAL of Receipts This Page (optional)			750.00
1				

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 78 / 131
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. David Niven			Date of Receipt
Mailing Address P O Box 2028		7.0	0 6 2 6 Y Y Y Y Y Y Y
City <u>Chesapeake</u>	State VA	Zip Code 23327-2028	Transaction ID: 12687157 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	250.00
Name of Employer Chesapeake General Hospit- al	Occupation Chief Info	n ormation Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) 3. Mr. Ernest C Padden			Date of Receipt
Mailing Address P O Box 2028			06 26 7 2006
City	State	Zip Code	Transaction ID: 12687172
<u>Chesapeake</u>	VA	23327-2028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Chesapeake General Hospit-	Occupation Vice Pres	n sident and Chief Financial Of	·f
al Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) C. Mr. Robert Guanci			Date of Receipt
Mailing Address 1216 Master Row			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 12687178
Chesapeake	VA	23320-9454	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Maryview Medical Center	Occupation Vice Pres	sident	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional) .			750.00
TOTAL TIL D. 1.10			
TOTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 79 / 131
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stator for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Joan Roscoe			Date of Receipt
	Mailing Address P O Box 3340			06 26 2006
	City	State	Zip Code	Transaction ID: 12687180
	Winchester	VA	22604-1334	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Valley Health System	Occupation Chief Info	n ormation Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Ms. Christina Claunch			Date of Receipt
	Mailing Address 14405 Fowlers Mill Drive)		06 26 2006
	City	State	Zip Code	Transaction ID: 12687189
	Gainesville	VA	20155-2878	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Prince William Hospital	Occupation Interim V	n ice President Nursing	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Ms. Johnese M. Spisso, RN, MPA			Date of Receipt
	Mailing Address 11344 Riviera Place NE			06 26 2006
	City	State	Zip Code	Transaction ID: 12687225
	Seattle	WA	98125-5960	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Harborview Medical Center	Occupation Chief Op	n erating Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	11
	Other (specify) ▼		250.00	
S				750.00
	JBTOTAL of Receipts This Page (optional)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 80 / 131
	EMIZED RECEIPTS		or each category of the	(check only one)
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may name and add	not be sold or used by any persections of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Michael D. Wilson			Date of Receipt
	Mailing Address 1228 E. Overbluff			06 26 7 2006
	City	State	Zip Code	Transaction ID: 12687226
	Spokane	WA	99203-3453	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sacred Heart Medical Cent- er	Occupation President	n t & Chief Operating Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Nancy J Bitting			Date of Receipt
	Mailing Address 2901 Squalicum Parkw	ay		06 26 2006
	City	State	Zip Code	Transaction ID: 12687227
	Bellingham	WA	98225-1851	Amount of Each Receipt this Period
	FEC ID number of contributing		00220 :00:	
	federal political committee.	C		250.00
	Name of Employer	Occupation	n	7
	St. Joseph Hospital	Regional	Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)			1
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Richard J Umbdenstock			Date of Receipt
	Mailing Address 325 Seventh Street, NV	/		M M / D D / Y Y Y Y
	Suite 700	Ctata	7in Onda	06 26 2006
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: 12687228
		DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt	<u> </u>	erating Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	500.00	
	Cutor (specify)		0 0 0 0 0 0	1
	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash	ODITION OF THOOHER THIS Lage (optional)			
_T	OTAL This Period (last page this line number of	nlv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 81 / 131
	· ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			2 stance cammary rage	13 14 15 16 17
Ar	y information copied from such Reports and S	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Calvin K Knight			Date of Receipt
	Mailing Address 747 Broadway Avenue			06 26 7 2006
	City	State	Zip Code	Transaction ID: 12687229
	Seattle	WA	98122-4307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Swedish Health Services	Occupation Chief Ope	n erating Officer	
	Receipt For:		Year-to-Date ▼	1
	Primary General		500.00	
	Other (specify)		500.00	
В.	Full Name (Last, First, Middle Initial) Ms. Diane Cecchettini, RN, MS			Date of Receipt
	Mailing Address 12709 54th Avenue, N	N		M M / D D / Y Y Y Y
		•		06 26 2006
	City	State	Zip Code	Transaction ID: 12687230
	Gig Harbor	WA	98332-8853	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MultiCare Health System	Occupation President	and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	1
	Primary General		500.00	
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial)			B. (B.)
C.	Mr. C Scott Bond Mailing Address 413 Lilly Road NF			Date of Receipt
	Mailing Address 413 Lilly Road NE			06 26 2006
	City	State	Zip Code	Transaction ID: 12687231
	Olympia	WA	98506-5133	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer Providence St. Peter Hosp-	Occupation		
	ital		rator and Chief Executive Off	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Curci (Specify) 🔻	0 0		
١	UBTOTAL of Receipts This Page (optional)			1500.00
\vdash			<u> </u>	

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 82 / 131
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and St	atements may	not be sold or used by any person	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			_
A.	Full Name (Last, First, Middle Initial) Mr. Marcel C Loh			Date of Receipt
	Mailing Address 500 17th Avenue			06 26 2006
	City	State	Zip Code	Transaction ID: 12687232
	Seattle	WA	98124-5711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Swedish Medical Center-Pr- ovidence Camp	Occupation Chief Ope	erating Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Ms. Michelle McEwen			Date of Receipt
	Mailing Address 16 Hospital Road			06 26 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12687245
	Plymouth	NH	03264-1126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Speare Memorial Hospital	Occupation President	n t and Chief Executive Office	 r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	250.00	
C.	Full Name (Last, First, Middle Initial) Mr. Curt Kretzinger			Date of Receipt
	Mailing Address 5325 Faraon Street			0 6 2 6 2 0 0 6
	City	State	Zip Code	Transaction ID: 12687282
	Saint Joseph	MO	64506-3398	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Heartland Regional Medical Center	Occupation Chief Ope	n erating Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, ,	300.00	1
	Other (specify)	0 0	000.00	1
s	UBTOTAL of Receipts This Page (optional))	1050.00
			<u></u>	
T	OTAL This Period (last page this line number of	only))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 83 / 131
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any person	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Nancy Harris			Date of Receipt
	Mailing Address P O Box 250			06 26 2006
	City	State	Zip Code	Transaction ID: 12687290
	Marshall	MO	65340-0250	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		230.00
	Name of Employer Fitzgibbon Hospital	Occupation Chief Fina	n ancial Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General		230.00	1
	Other (specify)	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) Mr. Robert T. Brodhead			Date of Receipt
	Mailing Address 5331 South Virginia Av	enue		06 26 2006
	City	State	Zip Code	Transaction ID: 12688415
	Springfield	MO	65810-2873	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. John's Hospital	Occupation President		
	Receipt For:		Year-to-Date V	
	Primary General	00 0		1
	Other (specify) ▼	0 0	250.00	
C.	Full Name (Last, First, Middle Initial) Mr. A. James Budzinski			Date of Receipt
	Mailing Address 1530 East Erie, Apt. 10	3H		0 6 2 6 2 0 0 6
	City	State	Zip Code	Transaction ID: 12688417
	Springfield	MO	65804-5712	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St. John's Health System	Occupation Senior Vi	n ce President and CFO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0		
s	UBTOTAL of Receipts This Page (optional)			730.00
H				
T	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 84 / 131
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED REGER 13		Detailed Summary Page	X 11a 11b 11c 12
۸۰	w information conicd from such Departs and St	stomonto mov	, not be cold or used by any nore	13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Robert Houser			Date of Receipt
	Mailing Address PO Box 545			06 26 2006
	City	State	Zip Code	Transaction ID: 12688643
	Canyon City	OR	97820-0545	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Blue Mountain Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify)		230.00	
В.	Full Name (Last, First, Middle Initial) Mr. Brian A Gragnolati			Date of Receipt
	Mailing Address 8600 Old Georgetown F	Road		06 26 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12689211
	Bethesda	MD	20814-1422	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Suburban Hospital Healthc-	Occupation		
	are System Receipt For:	1	t and Chief Executive Office Year-to-Date The Year-to-Date The Technology T	<u>r </u>
	Primary General	Aggregate	rear-to-Date ▼	-
	Other (specify)		250.00	
C.	Full Name (Last, First, Middle Initial) Mr. Robert R. Neall			Date of Receipt
	Mailing Address 600 North Wolfe Street			06 26 2006
	City	State	Zip Code	Transaction ID: 12689229
	Baltimore	MD	21287-0005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Johns Hopkins Hospital	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
s	LUBTOTAL of Receipts This Page (optional)			625.00
	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 85 / 131
TEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta	atements may	γ not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Ms. Mandy C Goble			Date of Receipt
Mailing Address 205 Palmer Avenue			06 26 2006
City	State	Zip Code	Transaction ID: 12690913
<u>Bellefontaine</u>	OH	43311-2298	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Mary Rutan Hospital	Occupation	n t and Chief Executive Officer	
Receipt For:		Year-to-Date ▼	\dashv
Primary General	riggrogate	, real to Bate V	
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) 3. Mr. Thomas L Sieber			Date of Receipt
Mailing Address 2951 Maple Avenue			06 26 YYYYY 2006
City	State	Zip Code	Transaction ID: 12690914
Zanesville	OH	43701-1406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Genesis HealthCare System	Occupation Presiden	n t and Chief Executive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	
Other (specify)		230.00	
Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine			Date of Receipt
Mailing Address 12675 Riviera Heights F	Road		06 26 2006
City	State	Zip Code	Transaction ID: 12692384
Holts Summit	MO	65043-2039	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		111.12
Name of Employer Missouri Hospital Associa-	Occupation	n	7
tion	-	President, Government Rela	iid
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	' '	666.72	
Other (specify) ▼	0 0		
SUBTOTAL of Receipts This Page (optional)			611.12
TOTAL This Period (last page this line number o	nly)		

S	SCHEDULE A (FEC Form 3X)		Llea caparata cabadula(c)	FOR LINE NUMBER: PAGE 86 / 131
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Λ	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Marc D. Smith			Date of Receipt
	Mailing Address 5612 Tanner Bridge Ro	oad		06 26 2006
	City	State	Zip Code	Transaction ID: 12692396
	Jefferson City	MO	65101-8275	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		111.12
	Name of Employer Missouri Hospital Associa- tion	Occupation President	n t and Chief Executive Office	er
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		666.72	
— В.	Full Name (Last, First, Middle Initial) Mr. Michael A. Baumgartner			Date of Receipt
	Mailing Address 1815 Walton Bend			06 26 2006
	City	State	Zip Code	Transaction ID: 12692401
	Maryville	MO	64468-2015	Amount of Each Receipt this Period
	FEC ID number of contributing			222.75
	federal political committee.	C		222.73
	federal political committee. Name of Employer St. Francis Hospital and	Occupation President		
	federal political committee.	Occupation Presiden		
	Name of Employer St. Francis Hospital and Health Servic	Occupation Presiden	t	
	Name of Employer St. Francis Hospital and Health Servic Receipt For: Primary General	Occupation Presiden	t Year-to-Date ▼	Date of Receipt
 C.	federal political committee. Name of Employer St. Francis Hospital and Health Servic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George A. Pagels Mailing Address 832 West 63rd	Occupation Presiden	t Year-to-Date ▼ 222.75	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	federal political committee. Name of Employer St. Francis Hospital and Health Servic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George A. Pagels Mailing Address 832 West 63rd City	Occupation President Aggregate	t Year-to-Date ▼	Date of Receipt
c.	federal political committee. Name of Employer St. Francis Hospital and Health Servic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George A. Pagels Mailing Address 832 West 63rd	Occupation President Aggregate	t Year-to-Date ▼ 222.75	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	federal political committee. Name of Employer St. Francis Hospital and Health Servic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George A. Pagels Mailing Address 832 West 63rd City	Occupation President Aggregate	t Year-to-Date ▼ 222.75	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee. Name of Employer St. Francis Hospital and Health Servic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George A. Pagels Mailing Address 832 West 63rd City Kansas City FEC ID number of contributing federal political committee. Name of Employer Saint Luke's East-Lee's Summit	Occupation President Aggregate State MO C Occupation	t Year-to-Date ▼ 222.75 Zip Code 64113-1528	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	federal political committee. Name of Employer St. Francis Hospital and Health Servic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George A. Pagels Mailing Address 832 West 63rd City Kansas City FEC ID number of contributing federal political committee. Name of Employer Saint Luke's East-Lee's Summit Receipt For:	Occupation President Aggregate State MO C Occupation Chief Exe	Zip Code 64113-1528	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee. Name of Employer St. Francis Hospital and Health Servic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George A. Pagels Mailing Address 832 West 63rd City Kansas City FEC ID number of contributing federal political committee. Name of Employer Saint Luke's East-Lee's Summit	Occupation President Aggregate State MO C Occupation Chief Exe	Zip Code 64113-1528	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee. Name of Employer St. Francis Hospital and Health Servic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George A. Pagels Mailing Address 832 West 63rd City Kansas City FEC ID number of contributing federal political committee. Name of Employer Saint Luke's East-Lee's Summit Receipt For: Primary General	State MO C Occupation Chief Exe Aggregate	Zip Code 64113-1528 Cecutive Officer Year-to-Date 230.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

91	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 87 / 131
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and State	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Δ	Full Name (Last, First, Middle Initial) Katie Vaughan			Date of Receipt
•	Mailing Address 10-B Auburn Court			M M / D D / Y Y Y Y
	City	State	Zip Code	
	City Alexandria	VA	22305-2924	Transaction ID: PR1034595117100
		VA	22003-2324	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Washingt		e Director	4
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	260.00	P/R Deduction (\$20.00 Bi- Weekly)
				"
3.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	Suite 700			
	City	State	Zip Code	Transaction ID: PR1045726217100
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Washingt		ief Washington Counsel	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		520.00	P/R Deduction (\$40.00 Bi- Weekly)
	Other (specify)	0 0	0 0 0 0 0 0 0	Veekly)
о. Э.	Full Name (Last, First, Middle Initial) Ms. Sohini Jindal			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1125613617100
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation	n	╡
	American Hospital Association-Washingt		ssociate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		260.00	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼	0 0	200.00	Weekly)
_				160.00
S	UBTOTAL of Receipts This Page (optional)		······	133.30
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedule(s) or each category of the Detailed Summary Page Italia	Y 0
Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Mr. Lindsay Mac Robinson Mailing Address 107 East Lane City Lake Barrington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Date of Receipt Transaction ID: PR32772731710 Amount of Each Receipt this Period 80.0	Y 0
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Mr. Lindsay Mac Robinson Mailing Address 107 East Lane City State Zip Code Lake Barrington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt Transaction ID: PR32772731710 Amount of Each Receipt this Period 80.6	Y 0
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Mr. Lindsay Mac Robinson Mailing Address 107 East Lane City State Zip Code Lake Barrington IL 60010-1939 FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Date of Receipt Transaction ID: PR32772731710 Amount of Each Receipt this Period Vice President, PMGs Aggregate Year-to-Date ▼ P/B Deduction (\$40.00 Bi-	Y 0
A. Full Name (Last, First, Middle Initial) A. Mr. Lindsay Mac Robinson Mailing Address 107 East Lane City State Zip Code Lake Barrington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt Transaction ID: PR32772731710 Amount of Each Receipt this Period 80.0	0
Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson Mailing Address 107 East Lane City State Zip Code Lake Barrington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Date of Receipt Transaction ID: PR32772731710 Amount of Each Receipt this Period 80.0	0
A. Mr. Lindsay Mac Robinson Mailing Address 107 East Lane City State Zip Code Lake Barrington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Date of Receipt Transaction ID: PR32772731710 Amount of Each Receipt this Period 80.0	0
City State Zip Code Transaction ID: PR32772731710 Lake Barrington IL 60010-1939 Amount of Each Receipt this Period Receipt For: Primary General State Zip Code Transaction ID: PR32772731710 C State Zip Code Transaction ID: PR32772731710 Receipt For: Aggregate Year-to-Date ▼ P/B Deduction (\$40.00 Bi-	0
Lake Barrington IL 60010-1939 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 80.0 Name of Employer American Hospital Association-Chicago Receipt For: Primary General Amount of Each Receipt this Period 80.0 80	
FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General C Occupation Vice President, PMGs Aggregate Year-to-Date ▼ P/B Deduction (\$40.00 Bi-	0
Name of Employer American Hospital Association-Chicago Receipt For: Primary General Occupation Vice President, PMGs Aggregate Year-to-Date ▼ P/B Deduction (\$40.00 Bi-	0
tion-Chicago Receipt For: Aggregate Year-to-Date ▼ Primary General P/B Deduction (\$40.00 Bi-	
Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Ri-	
Other (specify) ▼ 520.00 Weekly)	
Full Name (Last, First, Middle Initial) B. Ms. Deborah F. Weiner Date of Receipt	
Mailing Address 11004 Petersborough	Y
City State Zip Code Transaction ID: PR32774591710	0
Rockville MD 20852-3249 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	0
Name of Employer American Hospital Associa- Director Grassroots Advocacy	
tion-Washingt Director, Chassioots Advocacy	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ Seneral Sign Sign Sign Sign Sign Sign Sign Sign	
Full Name (Last, First, Middle Initial) C. Mr. Neil J. Jesuele Date of Receipt	
Mailing Address 1003 Kimberly Place	Y
City State Zip Code Transaction ID: PR32780171710	0
Great Falls VA 22066-1546 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	0
Name of Employer American Hospital Association-Washingt Begint For: Aggregate Very to Date	
Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Rivers)	
Other (specify) ▼ 260.00 P/R Deduction (\$20.00 Bi-Weekly)	
SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	0

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 89 / 131
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED HEGEII 10		Detailed Summary Page	X 11a 11b 11c 12
Δ,	y information copied from such Reports and State	monto mov	and he cold or used by any norse	13 14 15 16 17
or	for commercial purposes, other than using the nar	me and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327812017100
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	American Organization of	Occupation Executive		
	Receipt For:		Year-to-Date ▼	
	Primary General		000.00	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼	0 0	260.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga			Date of Receipt
	Mailing Address 2401 Calvert Street, NW Apt. 1008			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327851917100
	Washington	DC	20008-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Amorican Hoenital Accords	Occupation		
	tion-Washingt		Policy Development	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327858017100
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		80.00
	Amorican Hoenital Accord	Occupation		
	tion-Washingt		Director, AHAPAC	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		520.00	P/R Deduction (\$40.00 Bi- Weekly)
[LIPTOTAL of Populate This Page (antional)			160.00
F	UBTOTAL of Receipts This Page (optional)		······	
lτ	OTAL This Period (last page this line number only	/)	•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
		,	13 14 15 16 17
Ar or	ny information copied from such Reports and Statements for commercial purposes, other than using the name and	may not be sold or used by any person d address of any political committee to so	for the purpose of soliciting contributions olicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. John F. Barry		Date of Receipt
	Mailing Address One North Franklin		M M / D D / Y Y Y Y
	City State	e Zip Code	Transaction ID: PR327877817100
	Millis MA	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		83.32
	tion onloago	onal Executive	
	Receipt For: Primary General Other (specify) ▼	egate Year-to-Date ▼ 541.58	P/R Deduction (\$41.66 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Richard J. Davidson		Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	7. 0.1	M M / D D / Y Y Y Y
	City State Washington DC	e Zip Code 20004-2818	Transaction ID: PR327942117100 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	20004 2010	80.00
	Name of Employer American Hospital Association-Washingt Occup Presi		
	Receipt For: Aggre	egate Year-to-Date ▼	
	Primary General Other (specify) ▼	520.00	P/R Deduction (\$40.00 Bi- Weekly)
<u>с.</u>	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach		Date of Receipt
	Mailing Address 204 South 7th Avenue		M M / D D / Y Y Y Y
	City State	e Zip Code	Transaction ID: PR328136917100
	<u>La Grange</u> IL	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		80.00
	tion onloage	pation ice President, Member Relations egate Year-to-Date ▼ 520.00	P/R Deduction (\$40.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)		243.32
Т	OTAL This Period (last page this line number only)	>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 91 / 131
	-		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Carrinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian			Date of Receipt
	Mailing Address 5545 N. Wayne			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328223817100
	Chicago	II	60640-1318	Amount of Each Receipt this Period
			00010 1010	
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation Vice Pres		
	tion-Chicago Receipt For:		e Year-to-Date ▼	-
	Primary General	7.99.094.0	1 1 1 1 1 1 1 1	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼		260.00	Weekly)
_	Full Name (Last, First, Middle Initial)			Date of Descript
э.	Mr. Calbreith L. Simpson Mailing Address 325 Seventh Street, NW	,		Date of Receipt
	Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328224817100
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt	,	Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		520.00	P/R Deduction (\$40.00 Bi- Weekly)
	Other (specify)	0 0	0 0 0 0 0 0 0	Weekly)
Э.	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.			Date of Receipt
	Mailing Address 13106 Vingle Lane			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR328224917100
	Silver Spring	MD	20906	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		520.00	P/R Deduction (\$40.00 Bi-
	Other (specify)		3_3.30	Weekly)
s	UBTOTAL of Receipts This Page (optional)			200.00
	, -5- (-p 34)			
T	OTAL This Period (last page this line number or	າly))	

S	SCHEDULE A (FEC Form 3X) Use separate schedule(s)			FOR LINE NUMBER:	PAGE 92 / 131	
			or each category of the	(check only one)		
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b	11c 12	
				13 14	15 16 17	
An	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any persor	n for the purpose of solici	ting contributions such committee	
<u></u>	NAME OF COMMITTEE (In Full)		areas et any pontion committee to			
$ \rangle$	American Hospital Association PAC					
	American Flospital Accountion FAC					
_	Full Name (Last, First, Middle Initial)					
A.	Mr. Richard J. Pollack			Date of Receipt		
	Mailing Address 325 Seventh Street, NV	V		M M / D D	/ Y Y Y Y Y	
	Suite 700 City	State	Zip Code	ID DE	2222260017100	
	Washington	DC	20004-2818	Transaction ID: PF		
	•	ЪС	20004-2010	Amount of Each Re	ceipi inis Period	
	FEC ID number of contributing federal political committee.	C			160.00	
	Name of Employer American Hospital Associa-	Occupation				
	tion-Washingt		e Vice President			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		1040.00	P/R Deduction (\$8 Weekly)	30.00 Bi-	
	Other (specify)	-		VV CERTY)		
_	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 1221 Cavalier Road			M M / D D	/ Y Y Y Y	
	City	State	Zip Code	Transaction ID: PF	328310417100	
	Arnold	MD	21012-2126	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing	C			80.00	
	federal political committee.				00.00	
	Name of Employer American Hospital Associa-	Occupation	n			
	American Hospital Associa- tion-Washingt	Sr. Vice I	President, Communications			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	-	500.00	P/R Deduction (\$4	i0.00 Bi-	
	Other (specify)		520.00	Weekly)		
C	Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen			Date of Receipt		
٥.	Mailing Address 1001 N. Potomac St.			M M / D D	/ Y Y Y Y	
	1001 N. 1 Otomac Ct.					
	City	State	Zip Code	Transaction ID: PF	328312717100	
	Arlington	VA	22205-1629	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing				80.00	
	federal political committee.	C			80.00	
	Name of Employer	Occupation	n			
	Name of Employer American Hospital Associa-		ce President			
tion-Washingt Receipt For:			e Year-to-Date ▼			
	Primary General			P/R Deduction (\$4	10.00 Bi-	
	Other (specify) ▼		520.00	Weekly)	0.00 2.	
					000.00	
s	UBTOTAL of Receipts This Page (optional)				320.00	
T	TOTAL This Period (last page this line number only)					

21	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 93 / 131	
			Use separate schedule(s) or each category of the	(check only one)
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			., .,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	1		M M / D D / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328341817100
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director.	n Political Action & Grassroot	
	Receipt For:		e Year-to-Date ▼	_
	Primary General		500.00	P/R Deduction (\$40.00 Bi-
	Other (specify)	0 0	520.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328511817100
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		95.20
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago	<u> </u>	Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		342.80	P/R Deduction (\$47.60 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell			Date of Receipt
	Mailing Address 909 N. Madison St.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328512017100
	Arlington	VA	22205-1655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Pres	n sident, Media Relations	
	Receipt For:		e Year-to-Date ▼	7
	Primary General	111	222.22	P/R Deduction (\$20.00 Bi-
	Other (specify)	0 0	260.00	Weekly)
s	UBTOTAL of Receipts This Page (optional)			215.20
			·	
T	OTAL This Period (last page this line number or	nly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 94 / 131
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	y information copied from such Reports and St	, , , , , , , , , , , , , , , , , , , 		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Anne E. Ubl			Date of Receipt
	Mailing Address 801 Pennsylvania Ave, #245	NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328767017100
	Washington	DC	20004-2615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Pres	n sident, Federal Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	520.00	P/R Deduction (\$40.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey			Date of Receipt
	Mailing Address AHA One North Franklin Stre	eet		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR329013417100
	Chicago	<u> </u>	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director,	n Psychiatric and Substance	Ab
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD			Date of Receipt
	Mailing Address 1905 Christopher Place	•		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR329071317100
	<u>Harrisburg</u>	PA	17110-3573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Center for Healthcare Gov- ernance		t and COO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	240.00	P/R Deduction (\$60.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			240.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\geq	American Hospital Association PAC			_
Α.	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt
	Mailing Address 500 Interstate Boulevard 9	South		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329215717100
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	American Höspital Associa-	Occupation	n Executive	
	tion onloago		Year-to-Date ▼	-
	Primary General Other (specify) ▼	33 -3	520.00	P/R Deduction (\$40.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Tama Mattocks			Date of Receipt
٥.	Mailing Address 325 Seventh Street, NW Liberty Place, Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330273417100
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	American Hospital Associa-	Occupation		
	tion-Washingt		ssociate Director	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		260.00	P/R Deduction (\$20.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt
	Mailing Address 4960 138th Circle West			M " M
	City	State	Zip Code	Transaction ID: PR330475417100
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	American Hospital Associa- tion-Chicago	Regional	Executive	
		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		520.00	P/R Deduction (\$40.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			200.00
	OTAL This Period (last nage this line number only			

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 96 / 131
355 56 44 415 551154415(5			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or 1	or commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Dr. Donald Nielsen, MD			Date of Receipt
٦.	· · · · · · · · · · · · · · · · · · ·			-
	Mailing Address 195 Oxford Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330524817100
	Alamo	CA	94507-1753	Amount of Each Receipt this Period
	FEC ID number of contributing	С		80.00
	federal political committee.			00.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago	1	ce President	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	520.00	P/R Deduction (\$40.00 Bi- Weekly)
	Curior (openity)	0 0		J
,	Full Name (Last, First, Middle Initial)			Data of Bassist
5.	Ms. Jennifer E. Mallard			Date of Receipt
	Mailing Address 6109 North 9th Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330534317100
	Arlington	VA	22205-1609	Amount of Each Receipt this Period
	FEC ID number of contributing			40.00
	federal political committee.	C		40.00
	Name of Employer	Occupation	 1	_
	Name of Employer American Hospital Associa- tion-Washingt		ciate Director	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			P/R Deduction (\$20.00 Bi-
	Other (specify)		260.00	Weekly)
Э.	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell			Date of Receipt
	Mailing Address 530 North Lakeshore Dr	ive		M " M / D " D / Y " Y " Y " Y
	Unit 2303			
	City	State	Zip Code	Transaction ID: PR330547717100
	Chicago	<u>IL</u>	60611-7424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	rederai politicai committee.			
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago '		sident, Strategic Planning	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00	P/R Deduction (\$20.00 Bi- Weekly)
	Other (specify)	0 0		Weekly)
	L			100.00
SI	JBTOTAL of Receipts This Page (optional)		······	160.00
_	OTAL This Period (last page this line number or	alv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 97 / 131
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δn	y information copied from such Reports and St	atements may	y not he sold or used by any nerso	
or	for commercial purposes, other than using the	name and ado	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			_
A.	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330549217100
	Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, Member Relations	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		260.00	P/R Deduction (\$20.00 Bi-
	Other (specify)		200.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330776117100
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		43.48
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt Receipt For:		rocacy & Member Communion Year-to-Date ▼	callons
	Primary General	Aggregate	Teal-to-Date V	P/R Deduction (\$21.74 Bi-
	Other (specify) ▼		217.40	Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.			Date of Receipt
	Mailing Address PO Box 15587			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331416017100
	Austin	TX	78761-5587	Amount of Each Receipt this Period
	FEC ID number of contributing	С		83.32
	federal political committee.			
	Name of Employer American Hospital Associa-	Occupation		
	<u>tion</u>		ional Executive for TX	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Doduction (044,00 D)
	Other (specify)	0 0	541.58	P/R Deduction (\$41.66 Bi- Weekly)
	UPTOTAL (During The During The Du			166.80
	UBTOTAL of Receipts This Page (optional)			
Т (OTAL This Period (last page this line number o	only))	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

PAGE 98 / 131 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Date of Receipt Mr. Donald May Mailing Address 521 Great Falls Street City State Zip Code Transaction ID: PR331533217100 Falls Church VA 22046-2613 Amount of Each Receipt this Period FEC ID number of contributing 80.00 C federal political committee. Name of Employer American Hospital Associa-tion-Washingt Occupation Vice President, Policy Aggregate Year-to-Date ▼ Receipt For: General Primary P/R Deduction (\$40.00 Bi-500.00 Weekly) Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Kristin Welsh Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Transaction ID: PR517619717100 Washington DC 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer American Hospital Associa-tion-Washingt Occupation Sr. Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Bi-260.00 Weekly) Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	120.00
TOTAL This Period (last page this line number only)	<u> </u>	88390.16

S

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 131 (check only one) 11a 11b 11c 12 13 14 15 X 16 17				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American Hospital Association PAC						
Full Name (Last, First, Middle Initial) People For English Mailing Address PO Box 1940 City	State Zip Code	Date of Receipt M M				
Erie FEC ID number of contributing federal political committee.	PA 16507 C C00283606	Amount of Each Receipt this Period				
Name of Employer Receipt For: 2006 Primary X General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1500.00	Refund of Contribution				

SUBTOTAL of Receipts This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)	•	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 100 / 131 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 **X** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Citibank, F.S.B. Date of Receipt Mailing Address 1400 G Street, NW 06 30 2006 City Zip Code State Transaction ID: 12778393 Washington DC 20005 Amount of Each Receipt this Period FEC ID number of contributing C 332.62 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Bank Interest Received 1995.73 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	332.62
TOTAL This Period (last page this line number only)		332.62

Use seperate schedule(s) FOR LINE NUMB (check only one)			PAGE 101 / 131	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 2	24 25 26 28c 29 30k
Any Information copied from such Reports and St or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial) A. Merchant Bankcard			Transaction ID: 1277	
Mailing Address 1601 Elm Street			0 6 Dissarsonian	2006
City	State Zip Code		Amount of Each Disbu	ursement this Period
Dállas	TX 75201			
Purpose of Disbursement Bank Fees		001		239.15
Candidate Name		Category/ Type		
Office Sought: House Disb Senate President	ursement For: Primary General Other (specify)		Bank Fees	
State: District:				
Full Name (Last, First, Middle Initial) B. Public Opinion Strategies			Transaction ID: 1266 Date of Disbursement	
Mailing Address 214 North Fayette St	eet		06 / 19	2006
City Alexandria	State Zip Code VA 22314		Amount of Each Disbu	ursement this Period
Purpose of Disbursement Polling Services		005		13300.00
Candidate Name		Category/ Type		
Senate President	ursement For: Primary General Other (specify) ▼		Polling Services	
State: District:				
Full Name (Last, First, Middle Initial) C. Citibank, F.S.B.			Transaction ID: 1277 Date of Disbursement	
Mailing Address 1400 G Street, NW			$\begin{bmatrix} 0 & 6 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 &$	[°] 2006
City Washington	State Zip Code DC 20005		Amount of Each Disbu	ursement this Period
Purpose of Disbursement Bank Fees		001		28.64
Candidate Name		Category/ Type		
Office Sought: House Disb Senate President	ursement For: Primary General Other (specify)		Bank Fees	
State: District:	<u> </u>			
SUBTOTAL of Disbursements This Page (option	al)	>		13567.79
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5(CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 102 / 131	
IT	EMIZED DISBURSEMENTS	for each category of the	(check only		
		Detailed Summary Page	X 21b	22 23 24 25 26	-
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	y Information copied from such Reports and State for commercial purposes, other than using the na				
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)			Transaction ID: 12978622	
٩.	Public Opinion Strategies	Date of Disbursement			
				06 21 7 2006	
	Mailing Address 214 North Fayette Stre	t		06 21 2006	
	City	State Zip Code		Amount of Each Disbursement this Period	_
	Alexandria	VA 22314			1
	Purpose of Disbursement			-4988.00	
	Inkind to P. English PA-3, see line 23.		011		
	Candidate Name		Category/		
			Type		
	Office Sought: House Disbur	ement For:		Inkind to P. English PA-3	
	Senate	Primary General		Inkind to P. English PA-3, see line 23.	
	President	Other (specify)			
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SUBTOTAL of Disbursements This Page (optional)	•	-4988.00
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check on	E NUMBER: PAGE 103 / 131 ly one)	
II EMIZED DISBURSEMENTS	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b	
Any Information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial) A. Heather Wilson For Congress			Transaction ID: 12605492 Date of Disbursement	
Mailing Address P.O. Box 14070			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ Q & Q & Q & G & Q \end{bmatrix}$	
City Albuquerque	State Zip Code NM 87191		Amount of Each Disbursement this Period	
Purpose of Disbursement Contribution		011	1000.00	
Candidate Name Rep. Heather A. Wilson		Category/ Type		
Senate President	ement For: 2006 C Primary General Other (specify)		Contribution	
State: NM District: 1 Full Name (Last, First, Middle Initial) B. Heather Wilson For Congress			Transaction ID: 12605502	
	Heather Wilson For Congress Mailing Address P.O. Box 14070			
	7: 0 1		06 01 7 2006	
City Albuquerque	State Zip Code NM 87191		Amount of Each Disbursement this Period	
Purpose of Disbursement Contribution		011	4000.00	
Candidate Name Rep. Heather A. Wilson		Category/ Type		
Office Sought: X House Disburs Senate President	ement For: 2006 Primary X General Other (specify)		Contribution	
State: NM District: 1				
Full Name (Last, First, Middle Initial) C. LINCPAC - Leadership in the New Century	y PAC		Transaction ID: 12605488 Date of Disbursement	
Mailing Address 818 Connecticut Ave.,N Suite 1100	W		$\begin{array}{c c} \begin{array}{c c} & & \\ & \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c}$	
City Washington	State Zip Code DC 20006		Amount of Each Disbursement this Period	
Purpose of Disbursement 2006 Contribution		011	1000.00	
Candidate Name		Category/ Type		
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1			6000.00	
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
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NAME OF COMMITTEE (In Full)	e and address of any political co	minitee to	SOIICIL COITLI	ibulions m	JIII SUCII (Johnnillee	
American Hospital Association PAC							
Full Name (Last, First, Middle Initial)				action ID:		75	
Mike Ferguson for Congress				of Disburse		, , , , , ,	Υ
Mailing Address 340 North Ave E Ste. 6			0 ^M 6		5 / \	ŽOĎ	6
City Cranford	State Zip Code NJ 07016		Amou	nt of Each	Disburse		-
Purpose of Disbursement Contribution		011				1000.	.00
Candidate Name Rep. Mike Ferguson		Category/ Type					
X	ment For: 2006 Primary General Other (specify)		Contri	ibution			
Full Name (Last, First, Middle Initial)			Trans	action ID:	126194	95	
3. AMERIPAC: The Fund for a Greater Amer	ca			of Disburse			
Mailing Address 1341 G Street, NW Suite 200			$ \begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 7 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} $				
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Purpose of Disbursement						3500.	.00
2006 Contribution Candidate Name		011 Category/ Type					
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		2006	Contribut	tion		
Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee				action ID: of Disburse		97	
Mailing Address 76 Magnolia Terrace			0 6	M / D 0	7 /	žoŏ	6 ^Y
City Springfield	State Zip Code MA 01108		Amou	nt of Each	Disburse	ment this	Period
Purpose of Disbursement Contribution	Purpose of Disbursement					1000.	.00
Candidate Name Rep. Richard E. Neal Category Type							
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TOTAL This Period (last page this line number only)							

SCHEDULE B (FECFOIII 3X)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 105 / 13 (check only one)			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29	26 30b	
Any Information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full) American Hospital Association PAC					
Full Name (Last, First, Middle Initial) 1. Cleaver For Congress			Transaction ID: 12619499 Date of Disbursement M M M / D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y	
Mailing Address 4801 Main Street Stuite	1000		06 7 07 7 200	0.6	
City Kansas City	State Zip Code MO 64112		Amount of Each Disbursement this		
Purpose of Disbursement Contribution Candidate Name		011	1000	0.00	
Rep. Emanuel Cleaver, II		Category/ Type			
9 2	sement For: 2006 C Primary General Other (specify)		Contribution		
Full Name (Last, First, Middle Initial) Radanovich For Congress			Transaction ID: 12650096 Date of Disbursement		
Mailing Address 30151 Tomas Street			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & O \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ O & O \end{smallmatrix} \end{bmatrix}$	6 Y	
City Rancho Sta Mrgrita	State Zip Code CA 92688		Amount of Each Disbursement this		
Purpose of Disbursement Contribution		011	1000	0.00	
Candidate Name Rep. George P. Radanovich		Category/ Type			
Office Sought: X House Senate President State: CA District: 19	ement For: 2006 Primary X General Other (specify)		Contribution		
Full Name (Last, First, Middle Initial) Jim Ramstad Volunteer Committee			Transaction ID: 12650100 Date of Disbursement		
Mailing Address 1809 Plymouth Road S	outh #310		0 6 M / D 0 9 / Y 2 0 0) 6 ^Y	
City Minnetonka	State Zip Code MN 55305		Amount of Each Disbursement this	s Period	
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Candidate Name Rep. Jim M. Ramstad	C	Category/ Type			
9 1	sement For: 2006 Primary General Other (specify)		Contribution		
SUBTOTAL of Disbursements This Page (optional)					
TOTAL This Period (last page this line number onl	/)	•			

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s			PAGE 106 / 131
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full) American Hospital Association PAC				
Full Name (Last, First, Middle Initial) A. Akaka In 2006			Transaction ID:	
Mailing Address C/O 904 Nana Honua S	treet		06 0	9 2006
City Honolulu	State Zip Code HI 96825		Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution		011		1000.00
Candidate Name Sen. Daniel Kahikina Akaka		Category/ Type		
	ement For: 2006 (Primary General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial) Friends Of John Tanner			Transaction ID:	ement
Mailing Address Post Office Box 1994			06 00	9 7 2006
City Union City	State Zip Code TN 38281		Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution		011		1000.00
Candidate Name Rep. John S. Tanner		Category/ Type		
-	ement For: 2006 ✓ Primary General Other (specify) ▼		Contribution	
Full Name (Last, First, Middle Initial) Kilpatrick For United States Congress			Transaction ID:	
Mailing Address PO Box 32175			06 00	9 / 2006
City Detroit	State Zip Code MI 48232		Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution		011		1000.00
Candidate Name Rep. Carolyn Cheeks Kilpatrick		Category/ Type		
	ement For: 2006 (Primary General Other (specify)		Contribution	
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			Summary Page		21b 27	22 28a	X 23 28	2		25 29	26 30k			
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_	NAME OF COMMITTEE (In Full)		, p											
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	Full Name (Last, First, Middle Initial) Friends Of Rahm Emanuel						Transaction ID: 12650095 Date of Disbursement 0 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
	Mailing Address P.O. Box 101124					M								
	City Chicago	State Zip Code IL 60610					Amount of Each Disbursement this Period							
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	Candidate Name Rep. Rahm Emanuel				egory/ ype									
(Office Sought: X House Senate President Disburs	sement For: Primary Other (spe	2006 X General ecify) ▼		<u> </u>	Conti	Contribution							
	State: IL District: 5 Full Name (Last, First, Middle Initial)													
_						Transaction ID: 12630741 Date of Disbursement								
-	Mailing Address P.O.Box 7255						M /	09	y ž	ò ó 6	Y			
	City Des Moines	State IA	Zip Code 50309			Amou	unt of Ea	ch Disbu	rsement	this Pe	eriod			
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	PHILPAC: Prosperity Helps Inspire Liberty					Date	of Disbu	rsement			_			
ļ	Mailing Address P.O. Box 26366					0 ^M 6	M /	09	Ý Ž () Ď 6	Y			
	City Alexandria	State VA	Zip Code 22313			Amou	unt of Ea	ch Disbu	rsement	this Pe	eriod			
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SCHEDOLL B (I LOT OTHI 3X)	Use seperate schedule(s) (check on	= NUMBER: PAGE 108 / 131					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page 21b 27	22 X 23 24 25 26 28a 28b 28c 29 30c					
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or for commercial purposes, other than using the nate NAME OF COMMITTEE (In Full)	le and address of any political committee to so	olicit contributions from such committee					
American Hospital Association PAC							
Full Name (Last, First, Middle Initial) A. Kuhl For Congress	Transaction ID: 12650093 Date of Disbursement						
Mailing Address 10 Ganesvoort Street Suite 101	06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
City Bath	Amount of Each Disbursement this Period						
Purpose of Disbursement Contribution Candidate Name	011 Category/	1000.00					
Candidate Name Rep. John Randall Kuhl							
Z	ement For: 2006 Primary General Other (specify)	Contribution					
Full Name (Last, First, Middle Initial)	Transaction ID: 12650102						
B. Brian Higgins For Congress	Date of Disbursement M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y						
Mailing Address PO Box 28	Mailing Address PO Box 28						
City Buffalo							
Purpose of Disbursement Contribution	1000.00						
Candidate Name Rep. Brian M. Higgins							
Senate President	ement For: 2006 Primary General Other (specify)	Contribution					
State: NY District: 27							
Full Name (Last, First, Middle Initial) C. CHRISPAC: Citizens for Hope Responsib	Transaction ID: 12630744 Date of Disbursement						
Mailing Address 607 14th Street, NW Suite 800	06 09 7 2006						
City Washington	Amount of Each Disbursement this Period						
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SCHEDULE B (FEC Form 3X)	Use seperate schedule(ule(s) FOR LINE NUMBER: PAGE 109 / (check only one)			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b	
Any Information copied from such Reports and Sta or for commercial purposes, other than using the r					
NAME OF COMMITTEE (In Full) American Hospital Association PAC					
Full Name (Last, First, Middle Initial) A. Poe For Congress			Transaction ID: 126 Date of Disbursemer		
Mailing Address P.O. Box 14222			06 0 0 0	2006	
City Humble	State Zip Code TX 77347		Amount of Each Disk	oursement this Period	
Purpose of Disbursement Contribution		011		1000.00	
Candidate Name Rep. Ted Poe		Category/ Type			
Office Sought: X House Disb Senate President State: TX District: 2	ursement For: 2006 Primary X Genera Other (specify) ▼	l	Contribution		
Full Name (Last, First, Middle Initial) Longhorn PAC			Transaction ID: 126 Date of Disbursemer	nt	
Mailing Address 228 S. Washington S Suite B-20	t.		06 09	ŽOÕ6	
City Alexandria	State Zip Code VA 22314		Amount of Each Disk	oursement this Period	
Purpose of Disbursement 2006 Contribution Candidate Name		011 Category/ Type		1000.00	
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Full Name (Last, First, Middle Initial) Cantor For Congress			Transaction ID: 126		
Mailing Address P. O. Box 17813			06 / 12	['] 2006	
City Richmond	State Zip Code VA 23226		Amount of Each Disk	oursement this Period	
Purpose of Disbursement Contribution		011	<u> </u>	500.00	
Candidate Name Rep. Eric I. Cantor		Category/ Type			
Office Sought: X House Senate President State: VA District: 7	ursement For: 2006 Primary X Genera Other (specify) ▼	I	Contribution		
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NAME	OF COMMITTEE (In Full)												
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	me (Last, First, Middle Initial) r For Congress								on ID:	1275	4545		
Mailing	Address P. O. Box 17813						0 6	M /	^D 1	^D /	y y	0 ŏ 6	S Y
City Richm	ond	State VA	Zip Code 23226				Amou	int of	Each	Disbur	semen	t this F	Period
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	ate Name Eric I. Cantor				ateg Typ	jory/ e							
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_	VA District: 7 me (Last, First, Middle Initial) Edwards For Congress								on ID:	12630 ement	0729		
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or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any political co	minintlee to st	JIIGIT COLITIDUT	IOHS HUH SUCI	i committee	
American Hospital Association PAC						
Full Name (Last, First, Middle Initial)			Transacti	on ID: 12663	382	
Regula For Congress Committee				isbursement	V * V * V *	V
Mailing Address 228 S. Washington St. S	Ste. 115		06	19	žoŏ	5
City Alexandria	State Zip Code VA 22314		Amount o	f Each Disburs	sement this	Period
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Contribution Candidate Name		011				
Rep. Ralph Regula		Category/ Type				
Senate President	ement For: 2006 Primary X General Other (specify)		Contribut	ion		
State: OH District: 16						
Full Name (Last, First, Middle Initial) Stupak For Congress				ion ID: 12663 isbursement	375	
			M M	/ D D /	ž 0 0 (Y
Mailing Address 817 Ninth Avenue P.O. PO Box 143			0 6	19		
City Menominee	State Zip Code MI 49858		Amount o	f Each Disburs	sement this	Period
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Contribution Candidate Name		O11				
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9 1	ement For: 2006 Primary General Other (specify)		Contribut	ion		
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Walsh For Congress Committee				isbursement		
Mailing Address 306 Winkworth Parkway			06	19	žoó	6 ^Y
City Syracuse	State Zip Code NY 13215		Amount o	f Each Disburs	sement this	Period
Purpose of Disbursement Contribution		011			1000.	00
Candidate Name Rep. James T. Walsh		Category/ Type				
	ement For: 2006 Primary X General Other (specify)	-75-2	Contribut	ion		
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A. Full Name (Last, First, Middle Initial) The Freedom Project Mailing Address Lower Unit City Washington Purpose of Disbursement 2006 Contribution Candidate Name Office Sought: House NAME OF COMMITTEE (In Full) A. House NAME OF COMMITTEE (In Full) A. House NAME OF COMMITTEE (In Full) A. House NAME OF COMMITTEE (In Full) A. House PAC Full Name (Last, First, Middle Initial) The Freedom Project Mailing Address Lower Unit City Washington Purpose of Disbursement 2006 Contribution Candidate Name	State Zip Code DC 20003 ment For: Primary General	01 Cate	tee to so	Transacti Date of Di 0 6	on ID: 12 sburseme	2663339 ent	ž 0 0 6 °
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Full Name (Last, First, Middle Initial) The Freedom Project Mailing Address 111 C Street SE Lower Unit City Washington Purpose of Disbursement 2006 Contribution Candidate Name Office Sought: House Disburse	ment For:	Cate	gory/	Date of Di	sbursement 1 9	ent / Y	2 0 0 6 ° ent this Period
Mailing Address 111 C Street SE Lower Unit City Washington Purpose of Disbursement 2006 Contribution Candidate Name Office Sought: House Disburse	ment For:	Cate	gory/	Date of Di	sbursement 1 9	ent / Y	2 0 0 6 ° ent this Period
Mailing Address 111 C Street SE Lower Unit City Washington Purpose of Disbursement 2006 Contribution Candidate Name Office Sought: House Disburse	ment For:	Cate	gory/	Amount of	1 9	/ Y	ent this Period
Lower Unit City Washington Purpose of Disbursement 2006 Contribution Candidate Name Office Sought: House Disburse	ment For:	Cate	gory/	Amount of	1 9	<u> </u>	ent this Period
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Full Name (Last, First, Middle Initial)				Transacti	on ID: 13	2663/11	
3. Solis For Congress				Date of Di	sbursem	ent	
Mailing Address 6380 Wilshire Blvd. #161	2			0 6	19	<u> </u>	2006
,	State Zip Code CA 90048			Amount of	Each Di	sburseme	ent this Period
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Candidate Name Rep. Hilda L. Solis		Cateo Typ					
Senate President	ment For: 2006 Primary X General Other (specify)			Contribut	ion		
State: CA District: 32							
Full Name (Last, First, Middle Initial) Charles A Gonzalez Congressional Campa	iign			Transacti Date of Di	sbursem	ent	
Mailing Address PO Box 12612				06	19	/ Y	Ž 0 Ö 6 Š
,	State Zip Code TX 78212			Amount of	Each Di	sburseme	ent this Period
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Candidate Name Rep. Charles A. Gonzalez		Cate Typ					
Office Sought: X House Senate President State: TX District: 20	ment For: 2006 Primary X General Other (specify)			Contribut	ion		
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Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson					action III	D: 12663	3377			
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Pete King For Congress Committee					f Disbur		3387			
Mailing Address Post Office Box 1428				0 ^M 6	/ D	19	ž	0 0 6	Y	
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Candidate Name Rep. Peter T. King		Catego Type	ory/							
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<i>\</i>	American Hospital Association PAC												
	Full Name (Last, First, Middle Initial) Hayes For Congress						Trans Date				663415 nt	5	
Ī	Mailing Address Post Office Box 2000						0 ^M 6	М	D	1 9	/ Y	ž 0 ŏ	6 ^Y
		State Zip	Code 026				Amou	int of	Eacl	h Dis	bursem	ent this	
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	Candidate Name Rep. Robin C. Hayes				ateg Typ	ory/ e							
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_	Sam Farr for Congress Mailing Address 1010 S Street						Date 0 ^M 6	of Di	/ D	seme	nt / Y	ž 0 ŏ	6 ^Y
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	Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee						Trans				663379)	
_	Mailing Address Post Office Box 2145							М .		1 9	/ Y	ž 0 ŏ	6 ^Y
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American Hospital Association PAC							
Full Name (Last, First, Middle Initial)				ction ID: 126			
Friends Of Ginny Brown-Waite				Disbursemer		· · · · · ·	Y
Mailing Address 704 Ponce De Leon Blvd			06	19	2	0 Ď 6	
City Brooksville	State Zip Code FL 34601		Amoun	t of Each Disk	oursemen	t this Pe	eriod
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Contribution		011					
Candidate Name Rep. Virginia Brown-Waite		Category/ Type					
Senate X President	ment For: 2006 Primary General Other (specify)		Contrib	oution			
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Full Name (Last, First, Middle Initial) Melissa Bean For Congress				ction ID: 126 Disbursemer			
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Mailing Address Post Office Box 3068			0 6				
City Barrington	State Zip Code IL 60010		Amoun	t of Each Disk	oursemen	t this Pe	eriod
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Mailing Address 1667 K Street, NW Suite 700			0.6	19		0 Ď 6	
City Washington	State Zip Code DC 20006		Amoun	t of Each Disk	oursemen	t this Pe	eriod
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NAME OF COMMITTEE (In Full) American Hospital Association PAC					
Full Name (Last, First, Middle Initial) Frelinghuysen For Congress			Transaction ID: 126 Date of Disbursemen		
Mailing Address 19 Cattano Avenue			06 21	^Y 2006 ^Y	
City Morristown	State Zip Code NJ 07960		Amount of Each Disl	oursement this Period	
Purpose of Disbursement Contribution		011		500.00	
Candidate Name Rep. Rodney P. Frelinghuysen		Category/ Type			
Office Sought: X House Disbu Senate President State: NJ District: 11	sement For: 2006 Primary X General Other (specify) ▼		Contribution		
Full Name (Last, First, Middle Initial) Hoyer For Congress			Transaction ID: 126 Date of Disbursemen	nt	
Mailing Address 7905 Malcolm Road S	uite 102		06 21	2006	
City Clinton	State Zip Code MD 20735		Amount of Each Disl	oursement this Period	
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City Clinton	State Zip Code MD 20735		Amount of Each Disl	oursement this Period	
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	Mailing Address PO Box 1940							0 ^M 6	М	/ [2 1	/	Ý Ž	0 0 6	S Y
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υ.	Kilpatrick For United States Congress Mailing Address PO Box 32175							Date of 0 6	of Di	/ D			Y Ž	o ŏ e	S Y
	City Detroit	State MI	Zip Code 48232					Amou	nt o	f Ead	ch Di	sburs	emen	t this I	Period
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	Candidate Name Rep. Carolyn Cheeks Kilpatrick					gory/ pe									
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_	State: MI District: 13 Full Name (Last, First, Middle Initial)							Trans	acti	on I	D: 12	2663 ⁻	783		
C.	Friends Of Tim Johnson							Date o	of Di	isbur		ent	Y Y	,	Υ
	Mailing Address PO Box 17097							0 6		L	2 1] [2	0 0 6	3
	City Urbana	State IL	Zip Code 61803					Amou	nt o	f Ead	h Di	sburs	-	t this I	
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	Candidate Name Rep. Timothy V. Johnson					gory/ pe									
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NAME OF COMMITTEE (In Full) American Hospital Association PAC				
Full Name (Last, First, Middle Initial) A. PETEPAC: People for Enterprise Trade &	Econ Growth		Transaction ID: 12660 Date of Disbursement	
Mailing Address 3686 King Street #146			06	^Y 2006 ^Y
City Alexandria	State Zip Code VA 22302		Amount of Each Disbur	sement this Period
Purpose of Disbursement 2006 Contribution		011		1000.00
Candidate Name		Category/ Type		
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		2006 Contribution	
Full Name (Last, First, Middle Initial) Porter For Congress			Transaction ID: 1266	3882
Mailing Address PO Box 26087			Date of Disbursement O 6 2 1	^Y 2006
	Ohata Zin Oada			
City Las Vegas	State Zip Code NV 89126		Amount of Each Disbur	
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Candidate Name Rep. Jon C. Porter		Category/ Type		
9 1	ement For: 2006 Primary General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial) - CHRISPAC: Citizens for Hope Responsib	Indep & Svc		Transaction ID: 12663 Date of Disbursement	3423
Mailing Address 607 14th Street, NW Suite 800			06 / 21	2006
City Washington	State Zip Code DC 20005		Amount of Each Disbur	sement this Period
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Candidate Name		Category/ Type		
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\rangle	American Hospital Association PAC												
Α.	Full Name (Last, First, Middle Initial) Freedom & Democracy Fund								n ID: burse	12663 ment	3441		
	Mailing Address 610 S. Boulevard						0 ^M 6	M /	^D 2	D /	ÝŽ	0 0 6	; Y
	City Tampa	State FL	Zip Code 33606				Amou	nt of	Each I	Disbur	semen	t this F	Period
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υ.	Snowe For Senate Mailing Address P.O. Box 2006							of Dis	burse 2	D /	Y Ž	οŏε	S Y
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	Candidate Name Sen. Olympia J. Snowe				ateg	ory/							
	X Senate President	rsement For: Primary Other (sp	2006 X General ecify) V				Contr	ibutio	on				
	State: ME District: 1												
C.	Full Name (Last, First, Middle Initial) Larson For Congress							of Dis	burse	ment			V
	Mailing Address 29 Ruff Circle						0 6	M /	^D 2	6 /		οŏε	<u>`</u>
	City Glastonbury	State CT	Zip Code 06033				Amou	nt of	Each I	Disbur		-	
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NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Lautenberg For Senate			Transaction ID: 12672291 Date of Disbursement
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City Newark	State Zip Code NJ 07102		Amount of Each Disbursement this Period
Purpose of Disbursement 2008 Contribution		011	1000.00
Candidate Name Sen. Frank R. Lautenberg		Category/ Type	
χ Senate President	sbursement For: 2008 X Primary General Other (specify)		2008 Contribution
State: NJ District: 2 Full Name (Last, First, Middle Initial)			Transaction ID: 10670070
B. Mccrery For Congress Committee			Transaction ID: 12672279 Date of Disbursement
Mailing Address Post Office Box 529 333 Texas Street St	uite 1900		06 06 7 26 7 2006
City Shreveport	State Zip Code LA 71135		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2500.00
Candidate Name Rep. Jim McCrery		Category/ Type	
Office Sought: X House Di Senate President	sbursement For: 2006 X Primary General Other (specify)		Contribution
State: LA District: 4			
Full Name (Last, First, Middle Initial) C. Nathan Deal For Congress			Transaction ID: 12672300 Date of Disbursement
Mailing Address PO Box 902			$ \begin{array}{c c} & 0 & 6 & 0 \\ \hline & 0 & 6 & 0 \\ \hline & 0 & 0 & 0 & 0 \\ \hline & 0 &$
City Gainesville	State Zip Code GA 30503		Amount of Each Disbursement this Period
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	ional		4000.00
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١.	Lobiondo For Congress						Disburse					
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Э.	Jerry Weller For Congress Inc.						t ion ID: Disburse	126810 ement	195			
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	City Joliet	State Zip Code IL 60434			Amo	ount (of Each	Disburse	men	t this F	Perio	d
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$ \rangle$	NAME OF COMMITTEE (In Full)												
\angle	American Hospital Association PAC												
Α.	Full Name (Last, First, Middle Initial)									68109	94		
Λ.	Republican Main Street Partnership PAC						of D м	isburs		nt	V	V .	V
	Mailing Address 1350 Eye Street, NW Suite 560					0 6			2 9		20) Ó 6	
	City Washington	State Zip Code DC 20005				Amou	ınt o	f Each	n Dis	burser	nent t	this P	eriod
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В.	Sue Kelly For Congress							isburs	eme				
	Mailing Address PO Box 599					0 ^M 6	М	/ D	2 9	/ Y	ž 0	ó 6	Y
	City Katonah	State Zip Code NY 10536				Amou	ınt o	f Each	n Dis	burser			-
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— С.	Full Name (Last, First, Middle Initial) Sue Kelly For Congress									75429	93		
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	City Katonah	State Zip Code NY 10536				Amou	ınt o	f Each	n Dis	burser			
	Purpose of Disbursement Contribution			01	1						5	00.0	0
	Candidate Name Rep. Sue W. Kelly			ıteς Γyμ	gory/								
	Office Sought: X House Disburse Senate X President	ment For: 2006 Primary General Other (specify)		. 11		Contr	ribut	tion					
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ITEMIZED DISBURSEMENTS	DISBURSEMENTS for each category of the Detailed Summary Page					25 29	26 30b
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American Hospital Association PAC							
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Mailing Address 22 West Padonia Road	Suite A307		06	29	2 (0 0 6 4	
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Rep. C.A. Dutch Ruppersberger		Category/ Type					
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3. Friends Of Jim Marshall				ion ID: 1268 isbursement			
Mailing Address PO Box 125			06	² 2 9	Ý Ž (o ŏ 6 ˇ	
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Candidate Name Rep. Jim Marshall		Category/ Type					
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Full Name (Last, First, Middle Initial) Price For Congress			Date of D	ion ID: 1268 isbursement			
Mailing Address P.O. Box 425			06	29	ž	o ŏ 6 ˇ	
City Roswell	State Zip Code GA 30077		Amount o	of Each Disbu	ursement	this Per	iod
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Candidate Name Rep. Thomas E. Price, M.D.		Category/ Type					
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Mailing Address P.O. Box 24804 651 E. Fourth St. Suite 2	00		0 6	^D 30 /	ŽOĎe	5
,	State Zip Code TN 37422		Amount of	Each Disburse		
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	ment For: 2006 Primary General Other (specify)		Void of 5/- ution	18/2005 Cor	itrib-	
Full Name (Last, First, Middle Initial) 3. Kirk For Congress				on ID: 127802	243	
- Congress			Date of Dis	3 0	žoŏe	Y
Mailing Address P.O. Box 8			0 0	30	2000	,
City Winnetka	State Zip Code IL 60093		Amount of	Each Disburse		
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	ment For: 2006 Primary General Other (specify)		Void of 3/1 ution	11/2005 Cor	trib-	
Full Name (Last, First, Middle Initial) Kirk For Congress			Transaction Date of Dis	on ID: 127802	274	
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٩.	Northup For Congress				Date		Disburse		V . V	,	V	
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	President	Other (specify) ▼										
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	Mailing Address P.O. Box 1560				0	j	3	0	2	006		
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_	Full Name (Last, First, Middle Initial)				Trai	nsact	ion ID:	127802	269			
j.	Doggett For Us Congress				Dat		Disburse	ement				
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NAME OF COMMITTEE (In Full)											
American Hospital Association PAC											
Full Name (Last, First, Middle Initial)				Tra	nsact	ion ID:	127802	276			
Cummings For Congress Campaign Comm	nittee			Dat M		Disburse / D		v • v	V .	V	
Mailing Address PO Box 1631				O O		3	0 /	2	0 Ď 6		
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Baltimore Purpose of Disbursement	MD 21203			$+$ Γ					250.0	00	
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Candidate Name Rep. Elijah E. Cummings		Cate Ty	gory/ pe								
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	Primary General			buti		1 1/23/2	2005 00	,,,,,,,,			
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3. Tammy Baldwin For Congress				Dat	e of D	Disburse	ement	.00			
Mailing Address P O Box 696				0 ^M		[′] 3	0 /	ž	0 Ď 6	Y	
,	State Zip Code WI 53701			Am	ount o	of Each	Disburse	emen	t this F	erio	d
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Rep. Tammy Baldwin		Cate	gory/ pe								
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Full Name (Last, First, Middle Initial)				Tra	nsact	tion ID:	127802	259			
Mcconnell Senate Committee '08				Dat	e of D	Disburse	ement				
Mailing Address PO Box 1496				0 ^M	6 ^M	[′] 3	0 /	ž	0 Ď 6	Y	
,	State Zip Code KY 40201			Am	ount o	of Each	Disburse	emen	t this F	erio	d
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Candidate Name Sen. Mitch McConnell		Cate Ty	gory/ pe								
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	Primary General			utio)/ 10/2C	005 001	-טוווט			
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abla	NAME OF COMMITTEE (In Full)															
$ \rangle$	American Hospital Association PAC															
Α.	Full Name (Last, First, Middle Initial) Friends Of Roy Blunt							Trans Date					244			
	Mailing Address PO Box 50100							0 ^M 6	М	/ [3 0] ′ [Ý	2 o ŏ (3 Y	
	City Springfield	State MO	Zip Code 65805					Amou	ınt o	f Ea	ch Di	sburs	emer	nt this	Period	_
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	Candidate Name Rep. Roy Blunt			С		egory/ ype										
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_	State: MO District: 7 Full Name (Last, First, Middle Initial)							Trans	eacti	ion I	D: 13	2780	272			_
В.	Anna Eshoo For Congress							Date		-	sem	ent		2 0 ŏ 6	Y	
	Mailing Address 555 Capitol Mall Suite 14							0 6		L	3 0					
	City Sacramento	State CA	Zip Code 95814					Amou	ınt o	f Ea	ch Di	sburs		nt this 1		7
	Purpose of Disbursement Void of 9/28/2005 Contribution Candidate Name					11						-		1000.	00	_
	Rep. Anna G. Eshoo			C		egory/ ype										
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	State: CA District: 14															
C.	Full Name (Last, First, Middle Initial) Enzi For Us Senate							Trans Date	of D	isbu	sem	ent				
	Mailing Address PO Box 2775							0 6	М	/ L	3 0]	[*] 2	2 o ŏ e	3	
	City Cody	State WY	Zip Code 82414					Amou	ınt o	f Ea	ch Di	sburs		nt this		7
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American Hospital Association PAC											
Full Name (Last, First, Middle Initial)				Trans	sacti	on ID:	127802	233			
Friends of Conrad Burns 2006						isburse				V	
Mailing Address Post Office Box 70397				0 ^M 6	М	[′] 3	0 /	ž	0 Ď 6	Y	
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Washington	DC 20024					•		-1	0.000)O	\neg
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Candidate Name		Categ									
Sen. Conrad Burns		Тур	е								
	ment For: 2006 Primary General				of 2	/23/20	04 Con	trib-			
President	Other (specify) ▼			ution							
State: MT District: 2											
Full Name (Last, First, Middle Initial) Hatch Election Committee Inc							127802	75			
Hatch Election Committee inc				Date	of D	isburse		ΥΥ	Y	Υ	
Mailing Address 175 South West Temple	Suite 650			0 6		3	0 /	2	0 Ď 6		
	State Zip Code UT 84101			Amou	unt o	f Each	Disburse	emen	t this F	erio	d
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Candidate Name Sen. Orrin G. Hatch		Categ Typ	•								
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χ Senate	Primary X General			butio		1/11/2	.005 C0	11111-			
President State: UT District: 1	Other (specify)										
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PHILPAC: Prosperity Helps Inspire Liberty						isburse		.72			
Mailing Address P.O. Box 26366				0 ^M 6	М	/ D3	0 /	ž	0 ŏ 6	Υ	
City Alexandria	State Zip Code VA 22313			Amou	unt o	f Each	Disburse	emen	t this F	erio	d
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NAME OF COMMITTEE (In Full) American Hospital Association PAC	,								
Full Name (Last, First, Middle Initial) A. Chris Chocola For Congress Inc			Transaction ID: 1 Date of Disbursen						
Mailing Address PO Box 6728			06 / 30	2006					
City South Bend	State Zip Code IN 46660		Amount of Each D	Disbursement this Period					
Purpose of Disbursement Void of 9/1/2005 Contribution		011		-1000.00					
Candidate Name Rep. Chris Chocola	0000	Category/ Type							
	ement For: 2006 Primary General Other (specify)		Void of 9/1/2005 tion	5 Contribu-					
Full Name (Last, First, Middle Initial) Responsibility and Freedom Work PAC			Transaction ID: 1 Date of Disbursen	nent					
Mailing Address PO Box 196			0 6 7 3 6	2006					
City Tupelo	State Zip Code MS 38802		Amount of Each D	Disbursement this Period					
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Full Name (Last, First, Middle Initial) - Texas Freedom Fund			Transaction ID: 1 Date of Disbursen						
Mailing Address 104 East Hume Avenue			06 / 30	2006					
City Alexandria	State Zip Code VA 22301		Amount of Each D	Disbursement this Period					
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	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			Transaction ID: 12786170
٩.	Bricker & Eckler PAC			Date of Disbursement
	Mailing Address 100 South Third Street	t		06 06 7 03 0 7 2 0 0 6 4
	City Columbus	State Zip Code OH		Amount of Each Disbursement this Period
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